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1. Compton, B. C.; Bieren, R. E.; Jones, E. G.; Inlaes Jr, B. H.; Kardash, T., and Hundley, J. M.: Treatment of Gonococcic Vulvovaginitis, *J.A.M.A.* 127:6 (Jan. 6) 1945.

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1. Am. J. Dis. Child. **54**: 1227, 1937. 2. The Vitamins, Chicago, American Medical Assn., 1938, p. 521.

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* "During pregnancy the average normal woman gains approximately 18-22 pounds, which represents the growth of the uterus, breasts and other organs as well as the fetus and placenta. In other words, a pregnant woman in nine months reproduces tissue almost equivalent to one-fifth of her own normal body weight. It must not be forgotten that the chief function of protein is to supply the tissue-building material of the body, that the need for this material is increased during pregnancy and that the protein deficiency in the diet of the nonpregnant woman may become dangerous when maternity intervenes. . . . It is reasonable to assume that protein foods satisfy appetite earlier than the others and make it content with fewer calories. In this respect we have found high protein diets of value for weight restriction during pregnancy." (Arnell, R. E.; Guerriero, W. F.; Goldman, D. W.; Huckeby, E., and Lutz, A. M.: PROTEIN MALNUTRITION IN PREGNANCY, New Orleans M. & S. J. 95:114 [Sept.] 1942).

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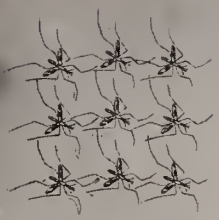
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* *Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154*
Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60



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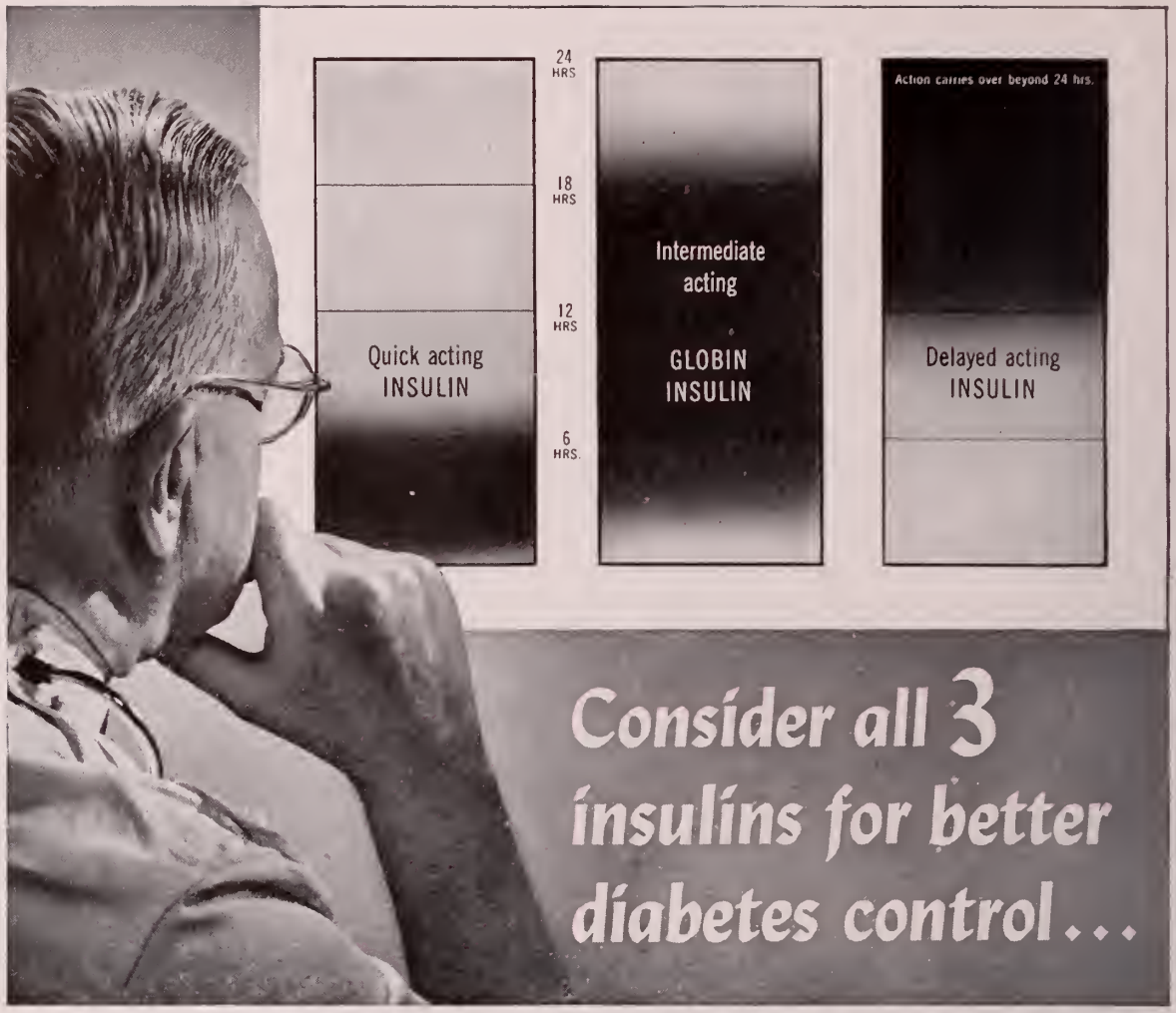
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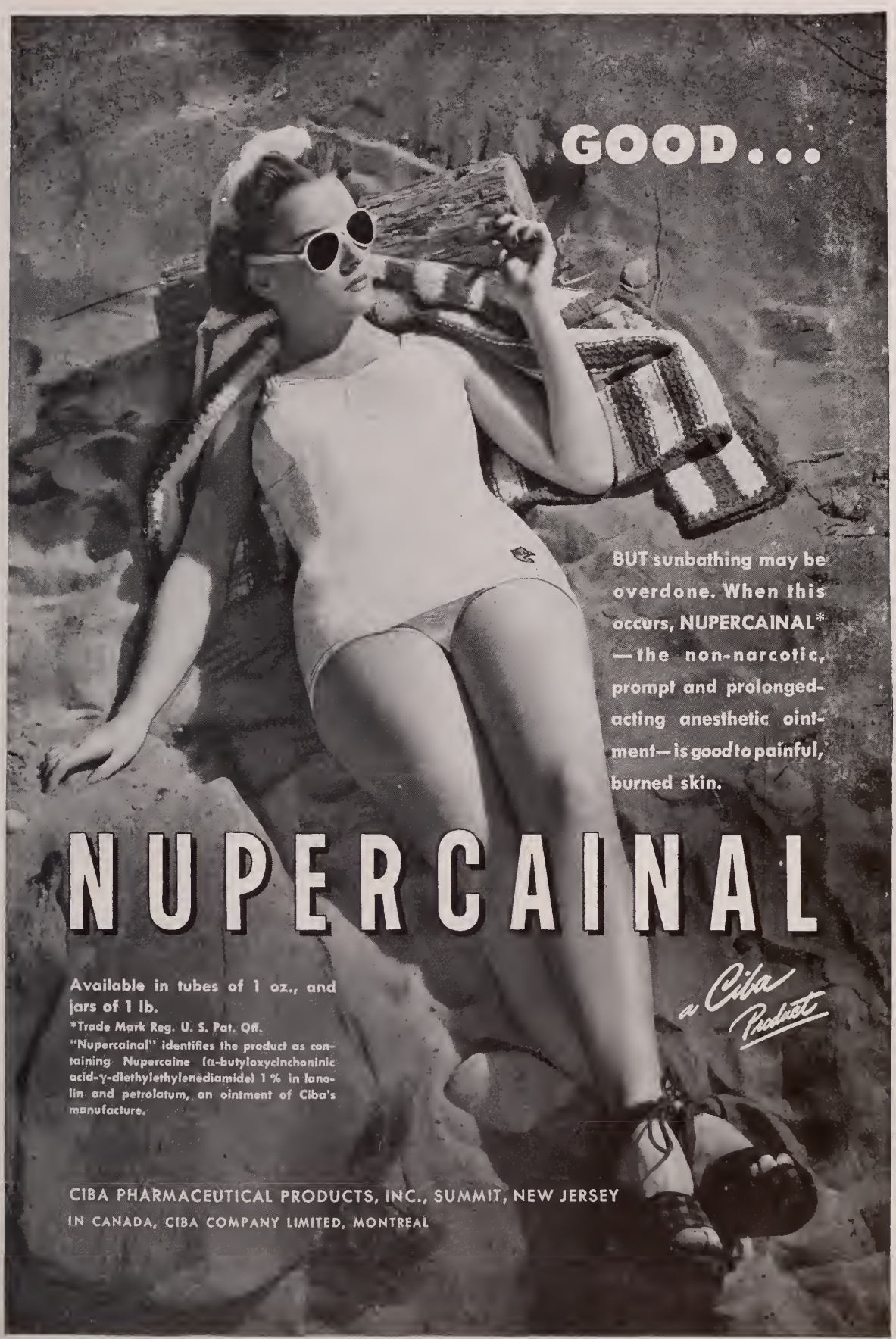
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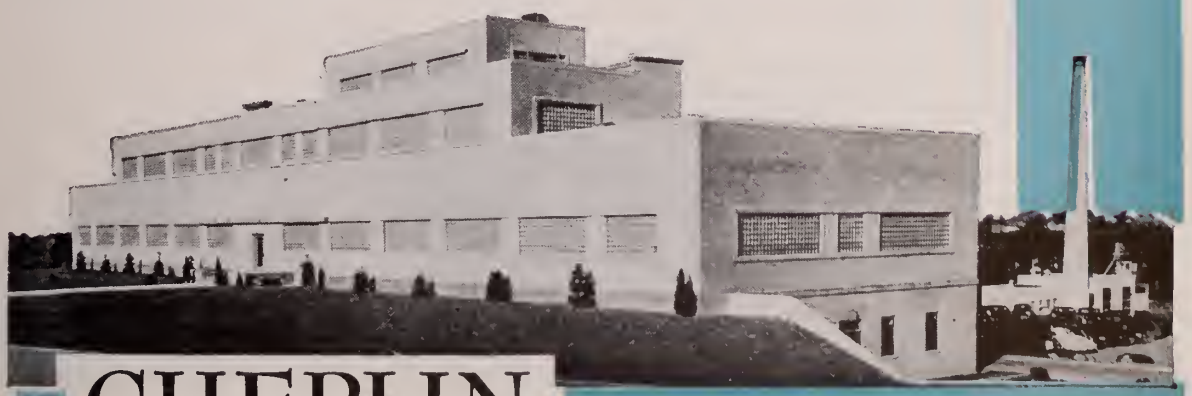


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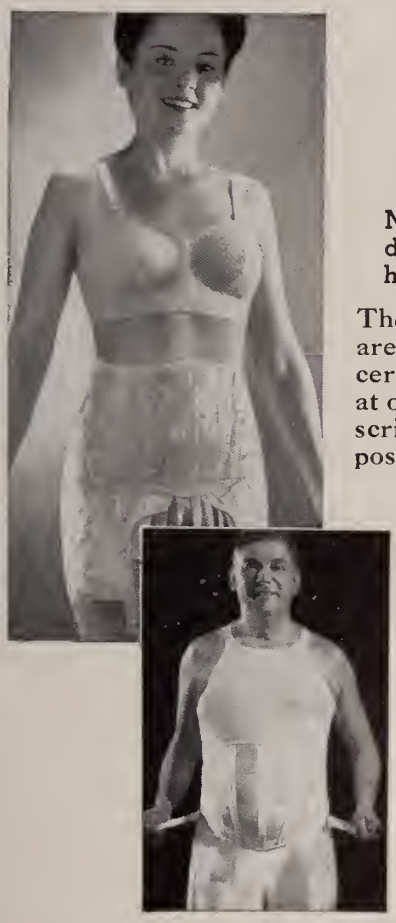
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Visceroptosis Support – CAMP

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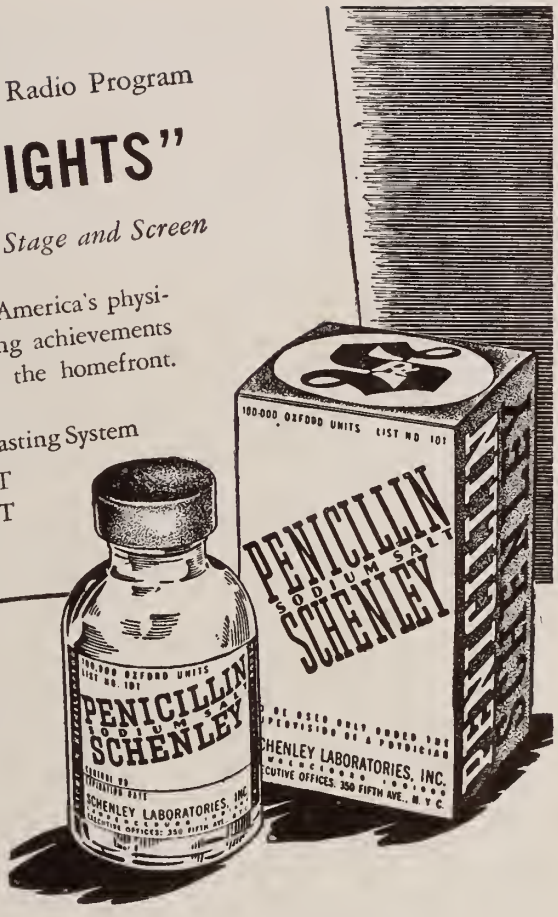
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RHEUMATIC FEVER IN FLORIDA

THEODORE F. HAHN, M.D.
DE LAND

Rheumatic fever is a disease of various symptom complexes such as polyarthritis, chorea, cardiac disease, nodular or erythematous lesions of the skin, and pleural or pneumonic infection. Because of the protean nature of the disease, because in the absence of articular or choreic symptoms cardiac disease is often the earliest or only manifestation, and because of the supposed variability of the rheumatic fever process in the tropics and subtropics, it is the purpose of this paper to report rheumatic fever in Florida and to emphasize that it may occur without articular symptoms. Davis and Weiss[1] in 1935 mentioned "the well recognized fact that advanced cardiac damage not infrequently occurs without any recognized clinical manifestation of the rheumatic infection, and at times cardiac lesions precede the first recorded attack of rheumatic fever."

Whether or not rheumatic fever exists without affecting the heart at all is a matter for conjecture. Reports from various authors[2, 3] estimate that from 25 to 30 per cent of the patients recover without demonstrable clinical signs of cardiac disease; reports from other students indicate that the disease primarily affects the heart and its valves and that the other symptoms are in the nature of responses to this primary focus. Since, however, in almost 100 per cent of the cases of rheumatic disease of the heart mitral lesions develop,[2, 4] in from 60 to 75 per cent actual mitral stenosis is present,[5] and in 30 per cent combined aortic and mitral lesions develop,[4] it is important as a disease which may cause serious crippling, especially if it goes undetected in the early stages.

INCIDENCE

Rheumatic fever has been reported as occurring in patients whose ages range from 2 to 63 years, the highest incidence being in the 10 to 19 year age group.[1, 5] Many writers on the problem believe that the earlier age incidence is likely to indicate a poor prognosis for long life.[4, 5, 6]

The incidence of rheumatic fever is lower in the tropics,[7] higher in wet, cold climates.[8] Milder rheumatic fever in Baltimore was noticed by Longcope.[9] A low incidence is reported from various Southern cities[10, 11, 12] though McLean[13] reported a higher incidence in Birmingham, emphasizing that the disease is often unrecognized. Coburn[14] observed no rheumatic fever in Puerto Rico and no rheumatic lesions in 500 autopsies, while Paul[15] in his monograph summarized regional distribution and climatic influences in rheumatic fever.

In Florida, the incidence of rheumatic fever has been reported by Nichol.[16] In the Miami area, in only 6 of 103 cases had the rheumatic disease of the heart developed in Florida, and in the imported cases the response seemed better in Florida. In Miami, 1 out of every 1,000 medical cases was diagnosed as rheumatic fever. In 103 of 413 patients with organic cardiac disease, the condition was rheumatic in nature, and this disease seemed to be only one third as frequent in children born in South Florida as in those who had moved from the North. Of course, the question arises as to whether or not many children from the North are latent rheumatic patients, or are sent South because of rheumatic disease of the heart, thereby seemingly increasing the incidence over that for native-born children.

ETIOLOGY

The actual etiologic agent responsible for rheumatic infection has not as yet been discovered. It seems to be fairly well established that of the various groups of hemolytic streptococci described by Lancefield, the members of the A group play the most important role in human infections, especially in infection of the upper part of the respiratory tract. Many observers have noted the occurrence of preceding infections of this part of the respiratory tract, notably tonsillitis and pharyngitis, in the history of rheumatic fever, and Jones and Mote[17] emphasized that recurrences of rheumatic fever are more likely to follow streptococcal infections, such as sore throat, than the milder respiratory infections, such as coryza. Reports of epidemics[2, 18, 19] of infection causing sore throat in wards for patients with rheumatic fever show that the larger number of cases by far are associated with streptococcus A infection.

A few observers[20, 21] have reported the finding of A streptococci in the valves or pericardium at postmortem examination of patients with rheu-

Read before the DeLand Memorial Hospital, May, 1944.

matic fever, such organisims not being found simultaneously in blood cultures, but in some cases corresponding in type to those cultured from the throat of the same patients during life. In contrast to these few reports of positive findings, however, are many studies by other workers giving negative results.

IMMUNITY

Immunologic studies of patients with rheumatic fever show that both antistreptolysin O and the antistreptolysin S develop in a manner similar to that seen in the usual streptococcal infections like scarlet fever.[22] Boisvert,[23] and Todd, Coburn and Hill[24] noted that a high antistreptolysin titer in patients with rheumatic fever persists longer than that measured in simple streptococcal infections, suggesting perhaps that the stimulus to antibody production persists in in the body, that is, the streptococcus is continually acting. In studying the antibacterial immunity against hemolytic streptococcus A, by measuring the so-called M-precipitins, Swift[22] observed that in patients with rheumatic fever there develop strong M-precipitins in from four to five weeks. Those in whom high titers developed early tended to quick recovery, while long subacute courses were noted in those who had no high M-precipitin titer until late in the course of the infection.

PATHOLOGY

To understand the severity, the extent and the bizarre picture of the varied types of rheumatic infection, it is necessary to understand the pathology of the disease. This subject has been ably presented by Swift[22] in his monograph. From his study it is possible to understand why extensive disease may exist with few symptoms, and why extensive damage to the heart is present before symptoms definitely localize the process in the valves of the heart. A fundamental problem for the clinician is to recognize cardiac damage before lesions of the valves manifest themselves.

The tissues primarily affected by the noxious agent in rheumatic fever are the supporting structures, the collagen and the elastic fibers. Many minute foci of infection exist throughout this type of tissue, causing swelling of the ground substance and actual necrosis of fibers. An excessive degree of swelling without actual necrosis may so stretch the fibers as to make them more susceptible to injury, and thus lead to the establishment of new foci. This exudative phase of the disease seems peculiarly susceptible to the action of salicylates.[22, 25] Since the cardiovascular system is made of tissue largely collagenous and elastic, it is easy to understand why there is a predilection for the cardiovascular system, for foci are found not only in the valves and endocardium but all through the myocardium, and also the coronary and other vessels. Since there seems, in addition, to be a relationship between the stress applied to the elastic tissue and its susceptibility to infection,[26] it is easy to understand why the heart is so soon and so completely affected, and, since the mitral valve is subjected to the greatest strain of all, why it is usually involved first and most severely.

The second phase of the response of tissues to injury by rheumatic fever is a proliferative one, which goes on in spite of any antirheumatic drugs. Masses of proliferative cells become laid down, and their peculiar arrangement in submiliary granulomas in the heart gives the Aschoff body its typical appearance. The arrangement, the number of the cells in a given nodule and the number of nodules are conditioned by the tissue, that is, the amount of collagen and elastica involved, and by the intensity of injury, so that the differences in proliferative responses are morphologic but not functional, and all belong to a single pathologic entity. These granuloma cells are finally transformed into fibroblasts, thus laying down scar tissue, which in its final healing produces the firm, fibrosed areas in the myocardium, valves and blood vessels.

The fact that one sees little scarring and stiffening of the joints after severe and diffuse bouts of polyarticular rheumatic fever has led to the suggestion that the articular phase represents not so much an infectious stage as an allergic response to the infection localized elsewhere in the body, as in the heart or pleura.

SYMPTOMS

It is not my purpose in this paper to review the development of symptoms, the early signs of rheumatic fever, the course of the disease in adults and children, the clinical disorders attendant on circulatory change, the relationship of rheumatic fever to subacute bacterial endocarditis, the prognosis, or the treatment, for these have been adequately studied and reported in many papers.[1, 2, 4, 14, 25, 27, 28, 29, 30, 31, 32] It is my purpose to direct attention to the pathology and to report 17 cases of rheumatic fever with cardiac manifestations observed over a period of eight years in a small Florida city.

In 9 of these 17 cases the rheumatic fever developed while the patients were living in Florida, although they were not necessarily born here. A few of the patients had never been outside of Florida. The onset was usually marked by a low grade fever unaccompanied by joint symptoms, following an initial respiratory infection, and complicated sooner or later by some manifestation of carditis, though a frank mitral stenosis had developed in only 4 of the 9 cases in which the initial attack occurred in Florida. The diagnosis in cases with little cardiac damage rests mainly on the history of a low grade fever in the presence of tachycardia or an enlarged heart, with tuberculosis, undulant fever, thyrotoxicosis or other such toxic causes ruled out.

REPORT OF CASES

CASES WITH ONSET IN FLORIDA

Case 1.—Mrs. J.W.B., aged 30, was first seen in January 1935, in her third pregnancy. She had always lived in Florida. Rheumatic disease of the heart was first diagnosed in 1929, and there was a history of "acute rheumatism" in childhood at ten years of age. Her heart was markedly enlarged to the left, and a localized to-and-fro mitral murmur was present at the apex with a loud pulmonic second sound, with obvious orthopnea and dyspnea on effort. After a successful pregnancy, marked by two periods of decompensation requiring digitalization, she has been followed through the years, in which occasional periods of decompensation have occurred, and has been carried through two more pregnancies successfully by other physicians. When she was last examined in 1942, mitral stenosis was definitely present, and she got along without dyspnea and orthopnea only when she was kept digitalized.

Case 2.—F. M. was first seen in 1934 at the age of 5 years in an attack of acute tonsillitis, and again in June 1935 during a second attack, following which his tonsils were removed. In August 1935 he had an attack of Vincent's angina, and subsequently through June 1936 he had chickenpox, whooping cough and measles. In June 1937 he was treated for an acute sinus infection, which was followed by a second adenoidectomy. At this time it was first noted that he had a persistent tachycardia and a low grade fever, which did not respond to sulfanilamide therapy; he had a negative reaction to the tuberculin test and to the agglutination test for undulant fever, and an accelerated sedimentation rate. He was continually being troubled with infections of the upper part of the respiratory tract. In the winter of 1939 and 1940 he had an attack of sore throat, fever and tachycardia, which, by May 1940, had developed into typical rheumatic disease of the heart with changes in the electrocardiogram such as deviation of the right axis and heart block characteristic of the disease. He was then in bed one year with low grade fever, dyspnea, orthopnea, enlarged heart and a developing mitral stenosis. In the fall of 1941, he was up, in school, fully compensated, but always susceptible to infections of the upper part of the respiratory tract, and always the sedimentation rate was moderately accelerated. After two severe respiratory infections there developed signs of a severe carditis, acute dilatation and fibrillation with an extremely enlarged heart. He died in February 1942 after failing to respond to rest or medication of any kind. It is presumed that the rheumatic fever began at the age of 8, but it is possible that it really began back in 1934 and 1935.

Case 3.—C. H. first was seen in 1938 at the age of 7 during an attack of tonsillitis, accompanied by swelling, redness and tenderness of the knees and elbows. At this time tachycardia, and a presystolic and a systolic murmur with an enlarged heart were noted. There was no previous history of rheumatic fever except frequent sore throats and two attacks of tonsillitis. The child had been born and reared in the country in Florida. This attack subsided quickly, but when she was seen one month later the systolic and presystolic murmurs were still evident. She has not been followed subsequently.

Case 4.—C. D. first was seen in 1938 at the age of 5, with a history of two years of restlessness, irritability, poor appetite, poor digestion, poor sleep and persistent low grade fever. Examination revealed a thin, pale, anemic child with a temperature persistently between 99 and 100 F. and a consistently accelerated sedimentation rate. The reaction to the tuberculin test was always negative, studies for malaria and undulant fever were always negative, and through the course of one year no evident cause for the fever was found. Elimination of hookworm did not change the fever. She had a persistent tachycardia with a pulse rate of 100 to 110 even after long periods in bed. There were no significant electrocardiographic changes. At one time during the course of an infection of the upper part of the respiratory tract pains in the arms and in the legs developed, and there was heard temporarily a soft systolic apical murmur. She was unimproved by sulfanilamide therapy, and six months in a sanitarium in 1939 did not change the fever. Even after a tonsillectomy she continued to have fever. When last seen late in 1939 she still had continued low grade fever, tachycardia, accelerated sedimentation rate and negative reaction to tuberculin tests; she was still thin and below par. This child had not been out of Florida.

Case 5.—W. B. was first seen in 1939 at the age of 11. There was a history of a regular but persistent fever of eight months' duration, which had begun with an acute attack of sore throat and pains in the legs and back, all of which subsided slowly leaving him weak and tired with a persistently rapid heart rate. He had had measles, mumps, chickenpox, whooping cough, and also tonsillitis at the age of 6. The father was suffering similarly with low grade fever and generalized aching. On examination nothing was noted except a persistently elevated temperature ranging between 99 and 99.8 F., tachycardia with a pulse rate always over 100, and a negative reaction to tests of all kinds except an accelerated sedimentation rate. He was unimproved by sulfanilamide therapy, and only months in bed brought a subsidence of the fever. One year after the onset there was first heard an apical, systolic murmur which has persisted ever since in spite of variation in the size of the heart or in the tachycardia. The tachycardia also is persistent, the pulse rate varying from 90 to 120, and on the slightest exertion the heart rate goes over 130. He was subject to frequent infections of the upper part of the respiratory tract, and only after years of exhortation were the tonsils removed. At present he is 16 years old and looks well, but has an enlarged heart, persistent tachycardia and poor tolerance for exercise. After the slightest cold he tends to run an elevated temperature for weeks. He has always lived in Florida.

Case 6.—H. G., aged 6, was first seen in 1939 with the complaint of cardiac trouble, due to the fact that he fatigued easily and fainted after exercise. There was no history of rheumatic fever or frequent tonsillitis. The child had been born and had lived always in Florida in lumber camps or in the country. Examination of the heart revealed tachycardia with a pulse rate of 100, a loud booming apical first sound and a systolic murmur at the apex. The pulmonic second

sound was much more accentuated than the aortic second sound. After a mild exercise test the heart rate went to 140, subsiding to 100 only after five minutes. An electrocardiogram showed deviation of the right axis. There was no acceleration of the sedimentation rate, the temperature was normal, and the reaction to the tuberculin test and to the agglutination test for undulant fever was negative. He has not been followed subsequently.

Case 7.—F. M., aged 15, was first seen in 1942. She had been ill six months with a persistent fever, the temperature ranging between 99 and 100.5 F., a rapid heart rate and aching in the legs, back and neck. She had lived in Florida for the last seven years. When first seen, she had cyanosis, dyspnea, tachycardia, an enlarged heart and a low grade fever, which would go higher with the least infection of the upper part of the respiratory tract. There were a negative reaction to the tuberculin and agglutination tests, a moderately accelerated sedimentation rate, a normal basal metabolism rate and a persistent leukocytosis. Now after one year in bed she still has tachycardia, a low grade fever, an accelerated sedimentation rate, and a moderately enlarged heart, but she never has had a murmur or reduplication of sounds, and electrocardiographic examination shows no significant changes.

Case 8.—G. S., when first seen in 1942 at the age of 8, had lived in Florida for one year and had been ill six months with a low grade fever, an enlarged heart, aching in the legs and tachycardia. He had a persistent accelerated sedimentation rate, a negative reaction to the tuberculin and agglutination tests, a normal electrocardiogram, a persistent tachycardia, and a low grade fever in spite of months in bed. There was no history of acute rheumatic fever, but he had had attacks of tonsillitis followed by a tonsillectomy. He has been followed for one year and has continued to have a low grade fever, except in the summer, and a persistent tachycardia with a rate of 90 or over. There has developed a systolic murmur at the apex, which is heard better at times, especially when tachycardia, fever, and fatigability are more marked. Whether or not he, like the patient in the previous case, had rheumatic carditis, and whether it developed in Florida or was latent from previous infection elsewhere are matters open to question, but this is the type of case which, because of its slow development and limitation of the infection, would seem to offer most hope of minimal cardiac damage, if the condition is followed closely and the patient is kept in bed consistently while the febrile stage is present.

CASES WITH ONSET OUTSIDE OF FLORIDA

Case 9.—J. C., aged 37, was first seen in 1935 because of a complication of long-continued rheumatic disease of the heart. She had myocarditis, endocarditis and an enlarged fibrillating heart. She was in failure and was seen after she had had numerous emboli into the spleen and the brain from vegetations of the valves. She died in a few weeks completely disoriented and with great edema and anasarca. She had lived in New York and was teaching in Florida because of her health.

Case 10.—A. G., aged 21, was seen in 1935 because of difficulty in performing the ordinary labors in a CCC Camp. He had always lived in other states in the North. He gave no history of rheumatic fever, only pneumonia six years previously. He had an enlarged heart, an apical thrill, a loud booming first apical sound, tachycardia with a rate of 90 at rest, and a rough, short, systolic murmur, which could have been a pericardial friction rub. He was not seen subsequently to make the differentiation.

Case 11.—H. R., aged 24, was seen in 1936 while in Florida on a vacation from Michigan. One month after her arrival there developed a febrile polyarthritis involving the joints in the legs and the arms, a recurrence of "inflammatory rheumatism" suffered six months previously after the birth of her baby. She had no signs of cardiac damage. She has not been seen subsequently.

Case 12.—W. S. B., aged 14, was seen in 1936 because of dyspnea, cyanosis and fibrillation. He had a typical rheumatic heart with a double apical murmur, enlargement and tachycardia, which had developed after an attack of "double pneumonia" in New York at the age of 10, convalescence from which had been complicated by rheumatism. He was compensated by rest in bed and digitalization, and by careful living has been able to go through high school and into college with adequate progress.

Case 13.—J. T. C., aged 30, was seen in 1935 during an attack of fever associated with generalized aches and pains and great weakness. This was one of a series of such bouts which had begun five years before in the Middle West, each one followed by periods of weakness, fatigability, pain in the chest, low grade fever, and a rapid heart rate. He gave no other history of frequent tonsillitis or rheumatic fever. All agglutination tests gave negative results; he had a negative reaction to the tuberculin test and a moderately accelerated sedimentation rate. His heart was enlarged 2 cm. from the right of the sternum, the rate was 90 to 110 depending on fever, and the apical first sound was loud and booming. To the left of the sternum there was a loud, blowing systolic murmur, and one day there was heard a systolic friction rub in the same area. The pulmonic second sound was greater than the aortic second sound. He was kept in bed for weeks, the enlarged heart subsiding gradually. When last seen in 1936, he still had a systolic murmur, fatigued readily and had pains in the chest on exertion. It was believed that this man had had carditis and rheumatic fever before coming to Florida.

Case 14.—R. C., aged 25, was first seen in 1940 during a period of depression because of fatigability, aches and pains in the chest, and two years of feeling badly with no other complaints except frequent attacks of sore throat. Examination revealed no enlargement of the heart and no tachycardia, though on exercise the rate went from 80 to 120, subsiding slowly to normal. There was no murmur, but at the apex there was a persistent double or split first sound transmitted to the left. Electrocardiographic examination showed chiefly a low R wave and an inverted T wave in lead 4. There was no history of rheumatic fever, and it is questionable whether or not he ever had rheumatic fever or carditis. When last seen in 1941, he had the same cardiac signs, the same fatigability, the same electrocardiographic findings, a negative reaction to the tuberculin test and to the agglutination test for undulant fever, and a slightly accelerated sedimentation rate. This case is included as a doubtful case of rheumatic disease of the heart though coronary disease has not been ruled out.

Case 15.—J. W., aged 22, was seen in an attack of rheumatic fever in 1941, a recurrence in a long series beginning twelve years before. He had been sent to Florida from the North because of the disease. He had a mitral stenosis, an enlarged heart, red swollen joints and subcutaneous nodules on the legs. While he was under observation there developed petechiae, an enlarged spleen and a septic type of temperature curve. He died six months later of subacute bacterial endocarditis.

Case 16.—A. W., aged 8, was seen in 1940 because of conjunctivitis. She had been sent to Florida because of rheumatic fever suffered some months previously in New York, which had left her with "some cardiac damage." She had tachycardia with a pulse rate of 90 and a loud blowing apical first sound, but no enlargement, no murmur and no thrills. She was not seen again.

Case 17.—L. L., aged 7, was seen early in 1942 because of sore throat, aching in the joints, swelling and redness of the knees. He had had tonsillitis fre-

quently and had been sent from New York "for the sun." He had a white blood cell count of 17,100 with a temperature varying from 101 to 103 F. and was febrile three weeks. The joints gradually became normal, and the sedimentation time returned from 53 to 20 minutes. Tuberculin and agglutination tests all gave negative results. There were no signs of cardiac enlargement or involvement. Two months later his tonsils were removed. When last seen in the summer of 1942 he had had no recurrence of rheumatic fever. It was believed that the acute rheumatic fever had not developed in Florida as he had been in the South only one week when he became ill.

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A HISTORY OF MEDICINE IN DUVAL COUNTY

PART V

WEBSTER MERRITT, M. D.
JACKSONVILLE

The year 1860 in Florida was one of agitation, unrest and half-hearted military preparation. During the autumn the press began to discuss the method of seceding in the event the Republican Party elected the President. On October 26, Dr. Holmes Steele, of Jacksonville, wrote to Messrs. Dyke and Carlisle of the Floridian and Journal, Tallahassee:

> Gentlemen: I desire through the columns of your paper as a central organ reaching . . . more portions of the state perhaps than any other, to make a suggestion which I think opportune . . . I have been gratified to notice, in various portions of the state during the past year, that there have been several volunteer companies organized and equipped, both of infantry, cavalry, and artillery. First among them stands "The Jacksonville Light Infantry." As the honored chief of this gallant corps I would invite the attention of the commissioned officers and of the rank and file of all volunteer companies of the state of the propriety of associating in a volunteer battalion and applying to the ensuing legislature for a charter under which to organize and which shall grant to the battalion the privilege of electing its own officers . . . to give it activity, vigor and efficiency. The great advantages of such an organization . . . are too prominent and suggestive to require specification at my hands . . . The times, gentlemen, are ominous; and while viewing the signs, let us 'in peace prepare for war' for though no evil may come, yet it is the imperative duty of the state to arm . . .
>
> Holmes Steele, Captain
> Jacksonville Light Infantry.[122]

Dr. Steele was a physician of "some note,"[123] and his interests were wide and varied. He had received his education in the political school which taught the principle of states rights,[124] and had interested himself in affairs of government, national as well as local. In April, 1859, Dr. Steele had been elected mayor of Jacksonville, and about this time had become editor and manager of the Jacksonville Standard Newspaper. Somewhat prior to this, on April 30, 1857, he had been made Captain of the Jacksonville Light Infantry when it was organized. Thus Dr. Steele was physician, mayor, editor and captain.

One wonders how he was able to perform all of his duties adequately. Soon after he became mayor Dr. Steele stimulated the City Board of Health into activity. The May 12 issue of the Jacksonville Standard noted that "The Gentlemen of the Board of Health" were "actively engaged in operating the town." Garbage and sewage disposal became more adequate, lime was used more freely to disinfect the streets, and many fine shade trees were planted.[125]

On July 4, 1859, the Jacksonville Light Infantry held its first street parade. The elaborate uniforms—coats of blue cloth with three rows of brass buttons down the front, pants of white and high caps with pompons—were colorful. The company marched from the Armory, then on the north side of Bay Street between Hogan and Julia, to the country, about where Florida Avenue now is located, for target practice. Besides Dr. Steele other well known residents enrolled in the Jacksonville Light Infantry were Mr. T. E. Buckman, Mr. S. Buffington, Mr. J. J. Daniel, Mr. Aristides Doggett, Mr. L. I. Fleming and Mr. O. L. Keene.[126]

Dr. Steele's letter of October 26, 1860, stating that the times were ominous and that it was the imperative duty of the state to arm, showed the trend. After the election of November 7 the Floridian of Tallahassee voiced the common sentiment of Florida when it declared: "Lincoln is elected. There is a beginning of the end. Sectionalism has triumphed. What is to be done? We say resist."[127]

Governor Perry in his message to the state legislature recommended secession.[127] Dr. Baldwin was one of the few members of the legislature who took an active part against secession. The efforts of these few were futile.

Florida withdrew from the Union on January 10, 1861. Very soon thereafter the Jacksonville Light Infantry, having offered its services to the Governor, became the first company which the state accepted officially.[126] Detachments from the company were sent without delay to the mouth of the St. Johns River to erect fortifications. At Fort Marion in Saint Augustine four cannon were put on log carts and were hauled to the beach at Mayport, where they were installed on a high dune west of the "Run." Here a fort, built of palmetto logs, was named in honor of its captain, Fort Steele. Above the fort floated the flag of the Confederacy and the company's battle flag, which had been made by "the ladies of Jacksonville" and presented by them in May, 1860.[126] The flag, like the first state flag of 1845, was inscribed "Let Us Alone." By April, 1861, the full personnel of the company was on duty at Fort Steele, and on August 10 officially was mustered into the Confederate Service as Company A, Third Florida Infantry.[128] In November Dr. Steele was transferred from the command of the company, which he had led since the time of its organization, to the Medical Department of the Confederate Army,[128] where he served with distinction until the end of the war. The Jacksonville Light Infantry remained at Fort Steele until the "Federal Squadron" approached in March, 1862. Confederate authorities, having decided not to defend Jacksonville, ordered the guns spiked at the fort and had most of the members of the company transferred to Cedar Keys.[126]

During the war Jacksonville was occupied four times by Federal troops only to be evacuated promptly after each of the first three occupations. This frequent change from Confederate to Federal, then back to Confederate control again, was most embarrassing to the "Loyal Citizens of the United States" and caused general confusion. Since there is considerable medical significance connected with the third occupation and evacuation of the city by Federal troops, perhaps it will be well to review here some of the interesting events leading up to and including the burning of the city.

The third Federal occupation of Jacksonville took place on March 10, 1863, by the first and second regiments of South Carolina Volunteers, negroes commanded by white officers. Immediately after landing from boats, in which they had come up the St. Johns River, the Federal troops began erecting fortifications to guard the Florida, Atlantic and Gulf Central Railroad at its Jacksonville terminus. The Confederate troops under the command of General Finegan, cavalry and mounted infantry poorly provided with artillery, were stationed near the railroad several miles west of Jacksonville.[126] On the day following the landing Dr. James S. Meredith, serving as surgeon in the Confederate forces, was killed.

On March 17 nearly all the women and children of Jacksonville were removed from the city, were met by a Confederate escort under flag of truce and were transported to safety in Lake City. Thereafter heavier and more frequent skirmishes occurred. In order to increase

the efficiency of the Confederate force, Lieutenant T. E. Buckman,* by an ingenious plan, created a "railroad battery." A cannon was mounted on a flat car, and the car was attached to a locomotive. This battery could be run down the railroad track within range of Jacksonville, the Federal fortifications could be bombarded, and then the battery could be withdrawn promptly. This railroad battery, commanded by Mr. Francis Sollee of Jacksonville, became celebrated for its effectiveness, and the following year played an important role in the battle of Olustee.[126]

On March 22 and 23 the Eighth Maine and the Sixth Connecticut regiments arrived in Jacksonville to support the South Carolina regiments. Dr. J. D. Mitchell, who had practiced medicine in Jacksonville for about eight years prior to the war, was surgeon of the Eighth Maine. Dr. Alfred Walton was also a medical officer of this regiment.

Dr. Walton wrote in his diary:

Wednesday, March 25, 1863 . . . At 3:30 this morning the rebels came down on the railroad and opened on the town with an 8-inch rifle gun. The first shot went through an unoccupied house next to our medical headquarters and exploded; turning us all out in a hurry. Just as I got out of doors the second one broke over our heads; the third one struck the roof of a house where a Union man and his wife were sleeping . . . The shell passed through the side of the house and imbedded itself eight feet in the ground without exploding. . . . Several of us dug out the shell and found it to be an eight-inch rifle of English manufacture. They got seven of these shells into the town before our gunboats got a range on them, when they beat a retreat . . . After guard mounting this morning four companies of the Eighth Maine, three of the Sixth Connecticut, and three of the negro regiment started out to tear up the railroad track to prevent the rebels from getting near enough with their steam gun to shell us. We had a four-inch rifle gun mounted on a small flat car and shoved it by hand . . . When four miles out we began to tear up the track, and just then the rebels made their appearance down the track with an engine and a large eight-inch gun on a flat car, and they at once opened on us. The first shot struck in the center of the track just short of where Captain McArthur and myself stood, exploded, and a large piece of the butt of the shell ricochetted to the right, making a high curve, cut off the top of a tall pine tree, and fell into the ranks of Company I, Eighth Maine, who were marching in four ranks by right shoulder shift on a piece of plank road. It struck the musket barrel of Thomas Hoole of Brunswick, Me., taking off his head and scattering the fragments all about. Passing to the next rank it took off the arm and partially tore out the bowels of Joseph Goodwin of Lyman, Me. He lived two hours. Passing to the next rank it took off the leg below the knee of another man. I soon had the ambulance corps at work picking up every fragment of flesh, hiding the piece of shell under the plank road, turning over all the planks that had blood on them, and scattering soil over the spot. We very quickly obliterated all signs of anyone being hurt . . . We got to the town at 3 P. M. with no further loss.[130]

*Grandfather of the late beloved Dr. Thomas E. Buckman, of Jacksonville (1891-1945).

A few days later preparations were made to withdraw the Federal troops from Jacksonville for the purpose of taking part in operations against Savannah and Charleston. Plans for the evacuation had been shrouded in secrecy for Federal protection had been promised the "Loyal Citizens of the United States,"and the residents of Jacksonville had been told that the Federal troops would occupy the city for the duration of the war.

Again Dr. Walton wrote in his diary:

Saturday, March 28, 1863 . . . At 9 A. M. some of the boys set fire to the Catholic Church, and it (together with the parsonage, all furnished) was destroyed. Two other houses were also burned before the fire was put out. Our surgeon, Dr. Mitchell, formerly lived in this city, and at the breaking out of war, he stored some valuable paintings at a plantation of his about three miles out. The doctor and myself, with 150 men, went out to get them . . . We saw a large number of cattle but did not confiscate any as we are to leave town in the morning . . .

Sunday, March 29, 1863: Before we were ready to embark the boys began to set fire to the city, and soon we had to hurry up for the smoke was getting rather uncomfortable . . . On my way down [I] ran into St. John's Church, and groping through the smoke and fire I took from the altar a large gilt bound prayer book with this inscription on the cover· "St. John's Episcopal Church, Jacksonville." Farther down on Market Street I entered a burning building that appeared to be some kind of office (probably the clerk's office) and from the table or desk I took a manuscript map of the city of Jacksonville.* Farther down I saw some negro soldiers setting fire, and from their songs and shouting they appeared to be having a good time . . . We got away from the wharf at 8 A. M. . . . and the last I saw of the city of Jacksonville were the flames from the towers of St. John's Church.[130]**

The burning of Jacksonville was described by the New York Tribune correspondent, under date of March 28,*** as follows:

There must have been some understanding among the incendiaries with regard to the conflagration. At eight o'clock the flames burst from several buildings in different parts of the city, and at a later hour still more were fired. The wind then rose to a stiff gale, and the torch of the incendiary became unnecessary to increase the fire . . . I am now writing on the deck of the fine transport ship, *The Boston*. From this upper deck the scene presented to the spectator is one of most fearful magnificence. On every side, from every quarter of the city, dense clouds of black smoke and flame are bursting through the mansions and warehouses. A fine south wind is blowing immense blazing cinders right into the

*This probably is the map of 1859 which was presented to the Jacksonville Free Public Library by Mr. G. D. Ackerly and which was reproduced in Part III of this history.

**In 1893 Dr. Walton wrote: *"The prayer book above spoken of hos been returned under the following circumstances: When I was ottending the medical college at Brunswick, Maine, in 1866, I roomed with an Episcopol family, and while there the pastor of the St. John's Church was traveling through New England soliciting funds to rebuild the church. I told him I had no funds to spare, but when he returned . . . I would present him with something he would appreciate. I sent to Bangor for the book, and on his return presented it to him, much to his surprise. So through my confiscating propensity at that time the St. John's Church has its prayer book.*

And now I return to Jacksonville the old map which I have had in my possession for thirty years. In all probability there is no other like it in existence."[130]

***March 29 is probably the correct date.

heart of the city. The beautiful Spanish moss, drooping so gracefully from the long avenues of splendid old oaks, has caught fire, and as far as the eye can reach, through those once pleasant streets nothing but sheets of flame can be seen, running up with the rapidity of lightning to the tops of the trees and then darting off to the smallest branches. The whole city . . . [is] being lapped up and devoured by this fiery blast . . . Is this not war, vindictive, unrelenting war? Have we gotten up to the European Standards?[131]

Fortunately the correspondent, from his position on the river, obtained an exaggerated view of the fire. General Finegan, from a point on the river near Jacksonville, discovered that the city was on fire and that the transports were being loaded with Federal troops. He hurried into the town, arrived just after the departure of the last gunboat and was able to extinguish the fire in some valuable buildings. About six city blocks were burned over, and approximately twenty-five buildings were destroyed by the fire.[126]

Perhaps now we should turn our attention to the physicians of Duval County and study the role that each played in the war. We have already considered Dr. Holmes Steele and his part in the war, but we shall have more to say about him presently.

Dr. J. D. Mitchell,[132] to whom Dr. Alfred Walton referred in his diary, had been born in Maine in 1823. Having entered "Harvard University" in 1846, he had been graduated in 1850, and after practicing in St. Stephens, New Brunswick, had come to Jacksonville in 1852. Dr. Mitchell was a man of unusual force and character. His political views so differed from those of his fellow physicians in Jacksonville that at first he was not chosen to take part in activities of organized medicine in Duval County. Nevertheless, in spite of this wide difference of opinions none questioned his veracity. He was quite active in the fight to conquer the yellow fever epidemic of 1857 in Jacksonville. In 1862 he volunteered his services to the Union Army, soon was placed in charge of the General Hospital at Beaufort, South Carolina, and in the fall was made surgeon of the Eighth Maine Volunteers. It was as surgeon of the Eighth Maine that he returned to Jacksonville when the city was occupied for the third time, and it was then that he went to his plantation, accompanied by Dr. Walton, to recover the valuable paintings which he had stored there at the outbreak of the war. In 1864 he was made surgeon of the well known Thirty-First Maine Regiment, with which he served until the end of the war. In 1865 he returned to Jacksonville, resumed the practice of medicine and lived to enjoy the sincere esteem and admiration of his medical colleagues. At the time of Dr. Mitchell's death in 1893, Dr. Daniel delivered an impressive eulogy before the Duval County Medical Association. Dr. Mitchell's two sons, Neal and Sollace, were prominent physicians in Jacksonville at the turn of the century. We shall meet and come to know them through their constructive activity during the disastrous yellow fever epidemic of 1888.

Dr. Emile T. Sabal had been born in Augusta, Georgia, November 20, 1835. He had graduated from the Long Island Medical College in Brooklyn, New York, and had come to Jacksonville in 1859. Soon after the outbreak of the war Dr. Sabal offered his services to the army of the Confederate States and in July, 1861, was sent to the fighting front in Virginia. After the war Dr. Sabal resumed the practice of medicine in Jacksonville, where he lived for the remainder of his life. At the time of his death on October 11, 1907, Dr. Sabal was one of the best known physicians in northeast Florida.[133]

Soon after the outbreak of the war, Dr. Baldwin offered his services to the Confederacy, and was made Medical Director for Florida. He was stationed at Lake City throughout the duration of the war.[129] Dr. Baldwin's two letter books, a Medical Directory of Florida and that of the Chief Surgeon, District of East Florida, together with his case book of the General Hospital at Lake City, are preserved in the Confederate Museum in Richmond, Virginia.

Dr. Daniel entered the service of the Confederate Army as Surgeon of the Eighth Florida Regiment in May, 1862, and served actively throughout the war. He was with General Lee's army at Appomattox and was mustered out April 9, 1865.[128] Dr. Daniel had married Miss Isabel Mary Fernandez* just before the outbreak of the war, but unfortunately she died during his absence on the fighting line. Dr. Daniel returned to Jacksonville a young widower.[134]

Dr. D. C. Ambler,[123, 135] probably the oldest physician in Jacksonville at the outbreak of the war, was a dentist as well as a physician. He had been born about 1800 and had come to Jacksonville about 1845. Like many other Jacksonville physicians, Dr. Ambler was a versatile

*Sister of Dr. J. D. Fernandez. We shall meet Dr. Fernandez soon after the founding of the Florida Medical Association.

man. Not only was he a physician and dentist, but a notable inventor as well. Among his inventions are porcelain artificial teeth and several devices for the sewing machine. Also, he is said to have contributed a means of separating cotton seed oil from the gummy product of the seed. Dr. Ambler made his permanent winter home in Jacksonville after 1846, but following the outbreak of the war he sought refuge in Lake City. On March 10, 1865, "Judge" J. M. Daniel,* also a refugee from Jacksonville, wrote to Major General Samuel Jones of the Confederate Army:

> Dr. D. C. Ambler . . . intends making application to be permitted to cross the lines and to pass for a time out of the Confederate States . . . His only son, Wm. Griffith Ambler [Daniel Griffith Ambler] became a member of Capt. Dickison's Company in its first formation . . . The father and son are owners of funds and property in New Berlin, N. Y. to a large amount . . . For the purpose of securing this property and transferring it to the Confederacy the father desires to pass . . . to Jacksonville, and from there to avail himself of such opportunity as may present itself to get to Canada—communicate with his friend in New Berlin —have his property converted into exchange on England . . . invest in material for railroads (so much needed here) ship to Nassau . . . and trust to running the blockade . . . Dr. Ambler is long past the age of military service, and his course has been such as to give me assurance of his loyalty—while the manly, gallant and loyal conduct of his son cannot but add strength to this assurance.

It is not known whether this mission was attempted, but probably not for the war ended soon. It is known, however, that the son, Mr. D. G. Ambler, lived in Jacksonville for many years following the war and became one of Duval County's best known citizens.**

Army surgeons during the war deserve a great deal of credit for their accomplishments. It will be remembered that at that time little or nothing was known of aseptic technique, yet it has been estimated that the mortality rate in major operations, such as amputation of a lower extremity, was a little less than 20 per cent.[136] The use of ether and chloroform as anesthetics had become common prior to the war, and they were used during the war, but to what extent there was a shortage of these anesthetics in Florida has not been determined.[136]

The casualty and mortality rate of soldiers from Duval County is not known, but for the state as a whole the rate seems high. Of more than 16,000 citizens who had gone to war more than 1,000 were killed outright on the field of battle, and more than 5,000 were wounded, many of whom died. Yet, disease killed as many as or more than did bullets. It has been estimated that at least 5,000 Florida soldiers died before the war ended.[137, 138]

There was a great shortage of doctors in Duval County during the war. In fact, we have no record that there were any bona fide physicians here whatever. There were untold hardships. Soldiers coming home on furlough often brought contagious diseases such as measles, mumps, and smallpox, and spread lice and scabies.[136]

Following the war there was a great influx of people into Jacksonville, which crowded the hotels and boarding houses. Many of these people were refugees and soldiers who were returning to their homes, while many were new comers who felt that Jacksonville was strategically located and offered opportunity for the future. Unfortunately, the city was prostrate. Much of the property had been destroyed, and accommodations were quite inadequate. The summer of 1865 was said by one of its oldest citizens to have been the hottest Jacksonville had ever experienced. The streets and yards were strewn with garbage and trash, and the crowding of people together in dirty tenements resulted in increase and spread of disease. In the early fall a rumor arose that there was yellow fever in Jacksonville. Apparently, however, this rumor was spiked when the Florida Union published on October 7 "a testimony of physicians" that the city was relatively healthy despite the unfavorable circumstances.[139]

By late fall, 1865, eight physicians had taken up the practice of medicine in Jacksonville. Times were hard, and collections were poor. On November 4 these eight men called a meeting of the Duval County Medical Society and resolved that while they were "willing to do the work of charity and administer to the truly indigent," they were not willing to treat those persons who were "able yet too lazy and dishonorable to make effort to pay their physicians." They further resolved that they would report delinquents at the regular meetings of the society and that no member of the society would treat a delinquent until he had made satisfactory settlement with his physician. The resolu-

*Father of Dr. Richard P. Daniel.

**Mr. Ambler, executor of the estate of Dr. Baldwin after the latter's death in 1898, found Judge Bethune's Diary of 1829 to 1833 and Dr. Baldwin's meteorological observations at Jacksonville dating back to 1839 among the papers of the estate. Recognizing the value of these records, Mr. Ambler presented them forthwith to Mr. Alexander J. Mitchell of the United States Weather Bureau in Jacksonville. In 1931 Mr. Mitchell gave these priceless records to the Florida Historical Society, and they now may be observed in the Library of the Florida Historical Society at Saint Augustine.

tions were published repeatedly in a local paper and were signed by:

A. S. Baldwin, M. D., President
Holmes Steele, M. D.
E. T. Sabal, M. D.
H. G. Vaughn, M. D.
George H. McPherson, M. D.
J. A. S. Todd, M. D.
M. J. Murphy, M. D.
R. P. Daniel, M. D., Secretary.[140]

Toward the end of the year smallpox made its appearance in Jacksonville. On January 17, 1866, the city council, meeting in the council chamber, offered the following resolution:

Whereas, the smallpox is prevailing to some extent among the colored people within the corporation, now for the purpose of preventing the further spread of disease and of improving the general sanitary condition of the city, be it

Resolved, that the several ward committees of the city be required to visit their respective wards and compel the inhabitants to thoroughly and efficiently police their property and take such measures as are necessary . . . and that the afternoon of January 18 be set apart for this duty.

H. H. Hoeg, Mayor.[141]

On February 7, Dr. Daniel relieved Dr. Mitchell as Health Officer in charge of the smallpox hospital. There were 25 patients with smallpox confined to the hospital at that time.[142] It is probable that the building was that hospital which had been built on block 98 in 1854 and which previously has been described. On May 7, there were ten patients remaining in the hospital,[142] and on June 4, the last report that is available, there were five remaining.[143] Apparently the disease disappeared gradually.

It has been said that part of the work undertaken by the Freedmen's Bureau was vaccination against smallpox and that thousands of negroes in Florida received the preventive treatment.[144] The Florida Union, a Jacksonville newspaper owned and edited by Mr. J. K. Stickney, whose views for the most part were northern and ardently Republican, published an editorial written by Mr. Stickney in the fall of 1865 on the evils of the Freedmen's Bureau, which bears considerable weight. After examining newspapers from New Orleans, Mobile, Montgomery, Nashville and Macon, Mr. Stickney declared:

These papers are full of matter to show the wretched operations of the Freedmen's Bureau and the evil influences it is exerting on the southern negro. Good order among our negro population seems to depend in a great measure upon the removal of this organization from the south, for though well designed, many of its agents pervert its legitimate operations and are converting it into an engine of mischief.[145]

Report of Small Pox Hospital for week Ending May 7th 1866.

Remaining	Admitted	Discharged	Died	Remaining
5	5	—	—	10

Whites	3	From City	5	Total Patients	10
Blacks	7	" County	5	Mulatto	1
	10		10	Total at Hospital	11
adults	6				
Children	4				
	10				

R. P. Daniel
Health officer City
in charge Hos.

Soon after the war Dr. Steele wes elected to represent Duval County in the State Senate.[145] In April, 1866, he was elected Mayor of Jacksonville for a second term,*[129] and in April, 1867, was appointed to succeed himself.[126] Prior to this, in September, 1865, Dr. Steele had become Associate Editor of the Florida Union.[147] Mr. Stickney, an ardent Republican, and Dr. Steele, an equally ardent Democrat, seem to have gotten along well at first, as Editor and Associate Editor.

Dr. Steele had a vigorous feud with the Editor of the Jacksonville Herald in the fall of 1865, for the political views of the two men were strongly divergent, and it was obvious that they did not like each other. Dr. Steele's style and his ability to express himself in a vitriolic manner are illustrated here.

The Editor of the Herald had written:

> Dr. H. Steele, formerly of the recruiting service in the rebel army, has become associate editor of the Union. The animus of the last issue of that paper affords an illustration of the couplet:
>
> *A man convinced against his will*
> *Is of the same opinion still.*[149]

In reply, Dr. Steele wrote in the Florida Union:

> Your facts like your philosophy and politics are conceived in dark places, and consequently are brought forth in error. The Associate Editor of this paper begs to decline "the soft impeachment." He was not "formerly of the recruiting services in the rebel army" as the "people of Florida" whom you are striving, in true missionary spirit to enlighten, very well know. He did not stay in the rear to send others but went himself and took "a front place in the picture, near the flashing of guns." Not having been "convinced" either with or "against his will" he pleads guilty to being "of the same mind still" upon all subjects where principle was involved. But yet those questions being settled by a force to which he yields, he has set them to rest forever, and having by oath asserted that purpose, and given in an honest adhesion and allegiance to the Federal Government, none but those whose moral infamy fits them for perjury can raise the shadow of a question as to his loyalty, either by assertion or insinuation.[149]

On another occasion Dr. Steele wrote an editorial entitled, "The Jacksonville Herald and Its Fuglemen," and went on to say:

> The astute editor of this "Hybrid" sheet produced last week a very learned literary contribution on the "Press of Florida" which is as profound in its analytical force as it is chaste in its style and tropes. In treating of the history and character of the Herald, however, a modest diffidence which we applaud, confined him to that period of its existence when we [Dr. Steele] . . . were its conductor, and of course, forbade him to mention aught of its brilliant history since it passed into the hands of the mongrel crew of miscegenators, from whose moral putrefaction a phosphorescent light has been shed.[150]

In March, 1867, Dr. Steele withdrew as Associate Editor of the Florida Union. In the correspondence of the Savannah News and Herald the following note, dated March 17, appeared:

> . . . It is with regret that I inform your readers of the withdrawal of Dr. Steele from the editorial department of The Florida Union. The loss of this polished gentleman and accomplished scholar will be seriously felt by his world of friends, who so much admired the bold and independent course he has pursued since the close of the late unhappy war, in defense of that which he believed to be due from a nation of people who boasts of one of the best governments under the sun. Dr. Steele was educated in the school that taught states rights principles, and for a number of years has been a decided advocate of democratic doctrines. The Doctor was bitterly opposed to the Sherman Military bill and could not consent to support a measure that brought his own head to the block and at the same time disenfranchised so large a number of his most cherished friends. Consequently he withdraws from The Florida Union, and wishes our common country well.[151]

On May 7, 1867, Dr. Steele died. A letter from Jacksonville, dated May 8, and published under "Correspondence of the Floridian," stated:

> You have probably ere this . . . [heard] of the death of our honored Mayor, Holmes Steele, who is also known to your community as the Senator from this district. His death occurred at half past nine A.M. yesterday morning. He had been disabled by sickness for the past two months but was about the house a day or two before his end. He was, however, in his weak condition again prostrated and died from congestion of the brain and other attendant symptoms. The following are the resolutions of Council, passed last evening:
>
> *Resolved* . . . The members of the Council will wear the usual badge of mourning for thirty days.
>
> *Resolved,* that the council room be draped in mourning for the space of thirty days.
>
> *Resolved,* that the merchants of the city, out of respect for our late esteemed Mayor and fellow-citizen, be requested to close their stores and places of business during the afternoon from two to seven o'clock P. M. Wendsday, May 8, 1867.
>
> P. S. At the time of writing this postscript, all the stores on Bay Street are closed in compliance with the request of the city council in respect to the memory of Dr. Steele. No distinction is made in this observance. The colors of the United States Steamer in port here are at half mast . . .[152]

Dr. Steele is buried in the old city cemetery without a marker on his grave. The record book of burials indicates that his grave is Number 3, Lot 56, Section 2, but gives no other information.[153] Physician, State Senator, thrice Mayor of the city, Editor, Captain and colorful figure during the war between the states, Dr. Steele lies today in an unmarked grave, unhonored and almost unknown.

Let us consider now the health of the community from some of its more general aspects. Many children in the postwar period were "pale faced and big stomached" or what commonly was called "puny." By no means were all of these children among the very poor. They ate dirt, clay, pinebark and sometimes soap. Many parents believed that this perverted appetite was the result of a "naturally bad physical condition," and sometimes they started their children chew-

* First Term 1858-1859.

ing tobacco to break up their bad eating habits. For physicians to teach parents that infestation of the intestinal tract with worms was often the cause of their children being "runty and puny" was a labor of years.

In the postwar period many patent medicines appeared on the market. There was a great demand for "dead shots" and "worm vermifuges." Likewise, there were many remedies for the treatment of disease that were prepared in the home. Notable among these home remedies for "puny children" were "vinegar and nails" and "Jerusalem Oak Candy." "Vinegar and Nails" was made by soaking rusty iron nails in vinegar until the rust dissolved. This solution, apparently, was the children's iron tonic. "Jerusalem Oak Candy" was prepared by boiling Jerusalem Oak roots in water until a strong tea had been made. This tea was then mixed with syrup or molasses and boiled into a candy. This candy medicament apparently had considerable value in treating hookworm, for we know today that oil of chenopodium is an extract from Jerusalem Oak.

Remedies from the woods were often used to combat disease. Tea made from boneset or smartweed was used in treating malaria; gum from resinous pines mixed with copperas (iron sulphate) was a treatment for anemia; Ginseng was a remedy for rheumatism; and sassafrass was commonly employed as a "blood purifier."[136]

In 1868 a negro woman suffering with Asiatic cholera is said to have taken the disease from Jacksonville to Cedar Keys, where it became epidemic.[154] This is the only evidence available that cholera ever existed in Jacksonville, although it is known to have been prevalent in Fernandina, Apalachicola and Key West, notably in 1833 and 1853.[155, 156]

Toward the end of the eighteen sixties, just before the turn of the decade, Dr. Baldwin, by purchase, regained possession of his confiscated property and prepared to build.[157] A few years later in Dr. Baldwin's home and office, on the northeast corner of Laura and Adams Streets, the Florida Medical Association was to be founded.

CONFISCATION SALES.

U. S MARSHAL'S SALE.—BY virtue of sundry writs of *Venditioni Exponas*, issued out of the District Court of the United States for the Northern District of Florida, and to me directed, I will expose to sale by Public Auction, in front of the Market House in the City of Jacksonville, on the 27th day of March, 1865, at ten o'clock in the forenoon of that day, the following described land and real estate, situated in the city of Jacksonville and State of Florida, and known and designated on the map or plat of the city of Jacksonville as follows:

Lots No. one (1) and four (4), in Blocks No. six (6), and Water Lots Nos. nine (9), twenty-four (24) and twenty-five (25), late the Estate of **Theodore Hartridge.**

Lot No. one (1) in Block No. thirty-one (31) late the Estate of **Cyrus W. Bisbee.**

Lots No. eight (8) and nine (9), in Block No. thirty-eight (38) late the Estate of **George C. Powers.**

Lot No. six (6), in Block No. forty-one (41), Lot No. five (5), in block No. thirty-seven (37) and Water Lot No. twenty-two (22), late the Estate of **Thomas O. Holmes.**

Also all that certain piece or parcel of land situate lying and being, in the County of Duval and State of Florida and bounded and described as follows, to wit:

Beginning at the mouth of Hogan's Creek on the St. John's river, and running thence up the said creek twenty chains; thence, easterly twenty chains; thence, southerly twenty chains to the bank of said river; and thence, along the bank of said river, to the mouth of said creek, and more particularly described in a deed from John Bromptley to Belchasse and Finegan; recorded in the Public Records of said County of Duval, late the Estate of **Joseph Finegan.**

Also, 25 bbls. Rosin, 13 bbls. Spirits Turpentine, 93 bales Cotton, one Cotton Gin, one Stationary Engine, one Copper Boiler and worm, one Corn Mill, 600 bars (more or less) rail road iron, one pair Fairbank's Platform Scales. Prize property.

ALSO

To be sold in the City of Fernandina, State of Florida, on the THIRD DAY OF APRIL, 1865, at ten o'clock, in the forenoon, in front of the Post Office, all those certain lots, pieces and parcels of land situate, lying and being in the City of Fernandina and State of Florida, and known and designated on the Map or Plat of said City of Fernandina as follows:

Lots No. one (1), two (2), thirty (30), thirty-one (31), thirty-two (32), and thirty-four (34), in Block No. fifteen (15), late the Estate of **David L. Yulee.**

The said several lots, pieces and parcels of land having been taken in execution, at the suit of the United States, will be sold as the property of the persons respectively above named as the owners thereof.

JOSEPH REMINGTON,
United States Marshal, Northern District of Florida
No. 29

Method by which property was confiscated following the war.

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ABSTRACTS OF MEDICAL ARTICLES

EXPERIMENTAL STUDIES ON ALIMENTARY AZOTEMIA; IV. ROLE OF THE LIVER AND KIDNEYS, HARKINS, HENRY N.; HOOKER, DONALD H.; BOALS, ROBERT T.; BRUSH, BROCK E., AND CHUNN, C. FRANK, DETROIT, SURGERY **14**: 891-897 (DEC.) 1943.

In this fourth paper of a series describing experimental studies on alimentary azotemia, the authors present their observations on the amount of azotemia occurring in experimental animals with impaired hepatic circulation following the ingestion of blood. Since azotemia denotes the presence of urea or of other nitrogenous bodies in the blood in abnormal amounts, they prefer the term "alimentary azotemia" for this urea syndrome, defining it as azotemia due to ingestion of excessive proteins.

Their study of increased blood urea nitrogen following the introduction of blood into the intestinal tract was undertaken because of the manifest difference in the importance of the syndrome depending on its cause. In the treatment of bleeding peptic ulcer, for example, they note that when one is in doubt about operating, an increased blood urea due to renal or hepatic involvement might influence the decision far more than an elevation due to absorption of digested blood. They conclude that in this condition probably a large share of the resultant azotemia is alimentary azotemia due to ingestion of blood proteins although in part it may be caused by other types of extrarenal azotemia and in some instances by actual renal azotemia.

In the experiments reported, the blood urea nitrogen levels were observed following the administration of whole blood or red blood cells by stomach tube in standard doses, as previously described, to dogs with Eck fistula, with reverse Eck fistula and with both portal vein and vena cava ligated. Red blood cells were also given by duodenostomy tube to 5 dogs following total hepatectomy. These studies demonstrated alteration in the degree of alimentary azotemia. Elevation was greatest in the animals with a reverse Eck fistula; moderate in those with both portal vein and vena cava ligated, and in normal animals; and inappreciable in those with Eck fistula and in the hepatectomized animals.

Decrease in plasma prothrombin was demonstrated in the 5 hepatectomized dogs. Also, in 2 of these animals the blood nonprotein nitrogen levels exhibited a definite rise in the absence of alimentary azotemia. The authors regard of especial interest the fact that in these 2 dogs the most steady decrease in blood urea nitrogen was observed, demonstrating the lack of parallelism between the changes in these two nitrogenous compounds in their experiments.

In a brief note on the role of the kidneys in alimentary azotemia, mention is made of a rise in blood urea nitrogen in 2 dogs with renal damage produced by roentgen rays. On administration of red blood cells by stomach tube, the rise was relatively of about the same extent as that occurring in normal dogs, but differed in that it tended to be more prolonged and started from a higher base line.

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MEDICAL SERVICE PLAN AUTHORIZED BY LAW

Enacted by the 1945 Legislature House Bill 883 now becomes a law. This notable accomplishment deserves broad commendation throughout the state from the profession and the laity alike. This new law is an Enabling Act which authorizes any five or more persons to unite for the purpose of organizing a nonprofit medical service, with or without plans for hospitalization, which is to be controlled by a board, the majority of whose members are honorably practicing medical doctors. The passage of this simple measure is the initial progressive step in solving the vexatious problem of adequate medical care for Floridians in the less remunerative walks of life.

As the memory of the activities of the 1945 Legislature gradually recede into the dim vistas of the past, this one provision in particular will long be held in bright and shining remembrance by many members of the Association. For a decade or more its officials and members have devoted much thought and effort to the study of ways and means and to the evaluation of measures taken elsewhere to meet this perplexing question. As they have ruminated over some form of legislation to aid and abet the various plans of hospitalization in operation for the last several years, the need for a medical service plan has become increasingly clear. That provision for hospitalization alone is insufficient in itself has gradually come to the surface of the simmering, bubbling stew of social and political activity that has focused national attention on the medical care of persons who either do not have or are supposed not to have medical and hospital care available. In consequence, there has arisen a growing realization in recent years that a workable plan of medical service must be added to provision for hospitalization.

For two reasons doctors of medicine are themselves the ideal ones to furnish this service. In the first place, if they do not evolve such a plan, they will in all likelihood have one not of their making forced upon them in the not too distant future. In keeping with the true spirit of democracy, it is obviously best to engage in anything voluntarily, especially anything of such moment as the practice of a profession. In the second place, since statistics reveal that under the medical service plans in operation physicians usually receive about one half of their regular minimum fees, it follows that if they are to work for less, it is better for them to work for themselves for less than for someone else.

While many of the national legislators do not favor governmental control of medicine, the consensus among them nevertheless is that the present system of the operation and practice of medicine and the dispensing and distribution of such service has many defects. Accordingly, they hold that if the doctors of medicine do not themselves make the necessary changes to remedy these faults, changes will be made whether they will or no. One need take but a single swift glance at the operations of the OPA to visualize what might be in store under compulsory medical service plans.

Whether the medical service plan is best suited to the needs of the prospective recipients

of the medical service remains to be determined. At the present time nonprofit plans of hospitalization are in operation in about forty states; in approximately twenty states medical service plans of some sort are in use, and their number is increasing. This approach appears therefore to be the best one so far devised, and the plan is offered as a sincere attempt at a solution of the difficult problem.

To the host of persons, legislators, physicians, committeemen and interested members of the laity, who made possible and participated in the enactment of House Bill 883, the Association tenders its thanks. It joins with the many citizens in the lower income brackets who will eventually benefit by the act in expressing genuine appreciation of this constructive piece of legislation.

It is said that when any subject is under discussion, regardless of its merits, one third will be for it, one third will be against it, and one third will never make up its mind as to exactly what it wants. With the foundation now secure in the Enabling Act, the most suitable plan of medical service for Florida is yet to be constructed. It is time to decide what is wanted, work out the plan in full accord and then execute it with wholehearted support and dispatch.

Harold D. Van Schaick.

RELOCATED PHYSICIANS TEMPORARILY LICENSED

Additional relocated physicians have been granted temporary licenses to practice medicine, each in a specified county in Florida, by the State Defense Council.

NAME	T. L.	COUNTY
Hodgson, Jane E.	43	Volusia
Mudge, Murray Fairbanks	44	Pasco
Chayes, Dorothy J.	45	Leon
Wyllys, H. A.	46	Putnam

"COURAGE AND DEVOTION BEYOND THE CALL OF DUTY"

Through the cooperation of Mead Johnson & Company, $34,000 in War Bonds are being offered to physician-artists (both in civilian and in military service) for art works best illustrating the above title.

This contest is open to members of the American Physicians Art Association. For full details, write Dr. F. H. Redewill, Secretary, Flood Building, San Francisco, Cal., or Mead Johnson & Co., Evansville 21, Ind.

STATE NEWS ITEMS

Dr. H. A. Barge of Miami has been awarded the Algernon Sydney Sullivan medal by Mercer University. This medal is given to the alumnus rendering the outstanding service of the year. Since 1933, Dr. Barge has engineered the building and endowment drive for Mercer University, placing the institution in the five million dollar class.

A special honor has come to Dr. Thomas E. Daly of West Palm Beach, who served in England for some time as captain in the Army Medical Corps. Capt. Daly has been appointed a Fellow in the Royal Society of Medicine for his interest and work in regional nerve block, according to word received by his friends. He is now in this country, recuperating from an ankle injury.

Dr. William E. Sinclair of Orlando announces that after twenty-five years' practice in the specialty of pediatrics he now limits his work to that of consultant pediatrician.

Dr. Homer L. Pearson, editor of the Journal, spent a day in the central office of the Association, Jacksonville, the middle of May, on matters pertaining to the Journal.

The Florida Radiological Society met at Orlando May 5 and 6 for scientific sessions and the election of officers. The following were elected: president, Dr. John A. Pines, Orlando; vice-president, Dr. Charles M. Gray, Orlando, and secretary-treasurer, Dr. James F. Pitman, Lake City.

Dr. L. W. Martin, Sebring, announces that he has resumed his practice. Dr. Martin was discharged from military service on May 2, 1945.

Dr. Abram F. Thomas, Cocoa, has returned from New York, where he spent two months taking a postgraduate course in obstetrics and gynecology at the New York Polyclinic Medical School and Hospital.

WANTED.—Association with good physician or location to practice in medium or large city. Age 42. Special training in abdominal surgery, internal medicine and laboratory work. Instructor for six years in medical colleges. Write 69-4 P. O. Box 1018, Jacksonville 1, Florida.



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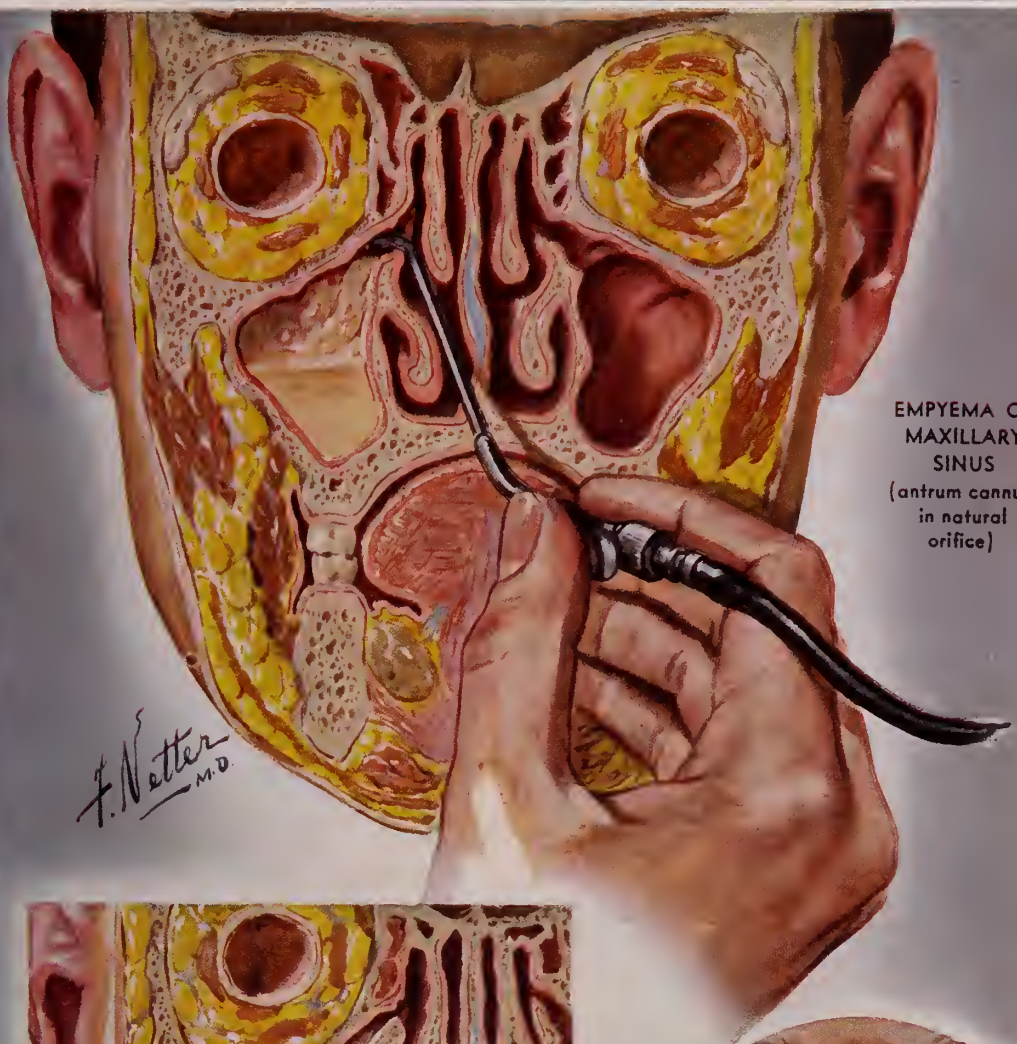
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Announcement—Jesse L. Williams, D.D.S., 332 St. James Building, Jacksonville, will limit his dental practice to Peridontia beginning June first.

DEATHS

Benton, George H., Miami—March, 1945.

PAUL BROWN WELCH

Someone once wrote, "A leader has two characteristics. In the first place, he's going somewhere. In the second place, he's usually persuading others to go with him." That was true of Paul Welch. And his enthusiasm and energy in seeking to bring about what he considered progress may have been the factor which caused his demise in the prime of life. He was a man with forceful opinions and one always profited by an argument or conference with him.

Dr. Welch came to Miami in 1926, after having served as instructor at both the University of Illinois and Rush Medical College. He was graduated from the University of Illinois in 1913. He concerned himself chiefly with diseases of the gastrointestinal tract, but never failed to remember that gastrointestinal symptoms are frequently due to other pathologic anomalies, and he was considered a keen clinician.

In 1938 he was president of the staff of Jackson Memorial Hospital and for a considerable time served as chief of the department of gastroenterology. He wrote many articles on various phases of gastroenterology based on accurate and painstaking work.

He was a member of the American Gastro-Enterological Association, the American Medical Association, the Florida Medical Association, the Dade County Medical Society, the Southern Medical Association, the American College of Physicians, the Sociedad Estudios Clinicos of Havana, Cuba, and the American Board of Internal Medicine.

Dr. Welch had a number of interesting hobbies, including woodworking and floriculture, and he was as enthusiastic about his avocations as he was about his vocation.

The medical profession of Dade County and the State of Florida regrets his passing and pays homage to "a good Doctor and a Man's Man."

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From where I sit, a lot more families could take a tip from the Walters', and give our service men a chance to spend off hours in homelike surroundings, in an atmosphere of moderation and good fellowship.

Joe Marsh

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OTTO WILLIAM SCHWALB

Dr. Otto W. Schwalb died suddenly at his home in Ft. Lauderdale, April 17, at the age of 42. At the time of his death he was Director of the Broward County Health Department.

Dr. Schwalb was a native of Savannah. He was graduated from the University of Georgia School of Medicine in 1928 and was awarded a Master's degree in Public Health at the University of North Carolina in 1940. He engaged in private practice in Savannah until he became Regional Director of School Lunch Rooms for the WPA. He was appointed Director of the Broward County Health Department in May, 1941.

It was through Dr. Schwalb's efforts that a drive was conducted in Ft. Lauderdale to secure funds for the construction of the present shelter for patients with advanced tuberculosis. Also in cooperation with Dr. Robert Blessing, he was largely responsible for the reopening of county baby clinics.

Dr. Schwalb was a member of the Broward County Medical Society, the Florida Medical Association, the American Medical Association, the Lutheran Church of the Ascension in Savannah, and the Theta Kappa Psi medical fraternity. He is survived by his wife, Agnes Schwalb; a son, Otto, Jr.; a daughter, Suzanne; his mother, Mrs. Clifford Schwalb; a sister, Miss Gertrude Schwalb, both of Savannah, and two brothers, Major Fred and Capt. Clifford Schwalb, both with the United States Army. Burial was at Savannah.

LU VAN LEER BROWN

Dr. L. V. L. Brown of DeLand died at his home on March 20 after an illness of several months.

Born in Manesquam, N. J., March 31, 1879, he received his medical training at the University of Pennsylvania School of Medicine, from which he was graduated in 1902. He served overseas as a captain during World War I, and came to DeLand eighteen years ago.

Dr. Brown was a past president of the Volusia County Medical Society, a member of the Florida Medical Association and the American Medical Association. He was also a member of Syria Temple AANOMS, No. 650 F. & M.



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Shidle Lodge of Pittsburgh, the American Legion, the Veterans of Foreign Wars, and the First Presbyterian Church of DeLand.

He is survived by four sons: William of Sharon, Pa.; George of Pittsburgh; Lu, who is in the Pacific, and Russell of Trenton, N. J. Burial was at Mt. Lebanon cemetery in Pittsburgh.

ROY HOWE

Dr. Roy Howe, who practiced medicine in Daytona Beach for nearly 35 years, died at the Veterans Hospital, Lake City, on April 26, at the age of 71. He had been admitted to the hospital two days previously for a check-up but was not then believed to be in a serious condition.

A graduate of the University of Michigan, class of 1905, he obtained his license to practice medicine in this state in 1907.

Dr. Howe was a member of the Volusia County Medical Society and the Florida Medical Association, and a Fellow of the American Medical Association. He is survived by his wife and a brother, Dr. Raymond Howe, also of Daytona Beach.

COMPONENT COUNTY SOCIETIES

ALACHUA

The regular meeting of this society was held May 8 at the Alachua County Hospital. Dr. Chester F. Ahmann spoke on "Disappearance of Constipation after Appendectomy." An interesting discussion followed. A number of bills in the legislature affecting public health were discussed.

DADE

On May 1 this society held a dinner meeting honoring members of the society who were in or had returned from military service. Drs. Ralph Allen and Kenneth Phillips, recently returned from service in the South Pacific, gave highly instructive informal talks on their experiences.

A dinner meeting was held by the society on the evening of June 5 at the new Nurses' Home of the Jackson Memorial Hospital. Two papers comprised the scientific program: "Practical Management of Diabetes Mellitus" by Dr. Carlos Lamar, and "The Psychosomatic Matrix" by Dr. Jess V. Cohn.

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DUVAL

The May meeting of the Duval County Medical Society was held at 8:15 p.m., Tuesday, May 1, at the Seminole Hotel. The meeting was called to order by President J. M. Bryant and was then turned over to Dr. Webster Merritt, chairman of the Program Committee. Dr. Merritt presented the following three speakers, who recently returned from overseas service:

Dr. Edward Canipelli, who gave an interesting account of some of his experiences while in service during the African campaign in 1942; Lt. Commander Hardy Bowen, who related many events which occurred while he was enroute to the Southwest Pacific, and finally in Guadalcanal and New Zealand; Commander E. C. Swift, who told of establishing mobile hospitals and of the management of problems facing the Armed Forces in the Southwest Pacific.

Action was taken to purchase a lot at the foot of Lomax Street facing the St. Johns River. This lot, which has a permanent concrete bulkhead, measures 212 feet on the river, 226 feet on Lomax Street and 159 feet on Bishops Gate Lane. The Committee which investigated and finally recommended the purchase of this property was composed of Drs. E. T. Sellers, chairman, Robert B. McIver, Shaler Richardson, Banks H. Goodale and John A. Beals.

PASCO-HERNANDO-CITRUS

The regular meeting of this society was held May 10 at the Orange Hotel, Inverness. Clinical cases were reported by Dr. S. C. Harvard of Brooksville and an interesting discussion followed. Dr. Claude L. Carter of Inverness was the host. The chicken dinner and entertainment furnished by Dr. Carter were appreciated by those present.

It was decided to hold the next regular meeting at Crystal River when the main feature of entertainment will be deep sea fishing.

PINELLAS

Dr. J. A. Hardenbergh served as moderator at a Round Table Assembly of this society, held at his home on the evening of May 18. The subject discussed was "Neurasthenia."

On June 1 the regular dinner meeting of the society was held at the Detroit Hotel. Two papers constituted the scientific program: "Addison's Disease," by Dr. A. J. Wood, and "Sedimentation Rate" by Dr. R. H. Knowlton.

PUTNAM

The Putnam County Medical Society has paid 100% of its State Association dues for 1945. Heading this society are Drs. E. W. Ford, president, and Bernard E. Kane, secretary-treasurer.

ST. LUCIE-OKEECHOBEE-INDIAN RIVER-MARTIN

At a special called meeting of this society, held April 19 in the Fort Pierce Memorial Hospital, the following officers were elected: president, Dr. L. L. Whiddon; vice president, Dr. E. B. Hardee; secretary-treasurer, Dr. A. M. Sample; member of board of censors, Dr. J. D. Parker.

Action was taken to pay the current state dues of members in service, and a check for $50 was forwarded to the treasurer of the State Association to be credited to the following members who are in military service: Dr. W. F. Davey, Dr. H. B. Goodwin, Dr. L. H. Martin, Dr. J. C. Robertson and Dr. C. H. Stoner. Dr. E. B. Hardee, Vero Beach, is again in active practice, having been recently discharged from military service.

Dr. R. C. Boothe was unanimously elected an honorary member of this local society.

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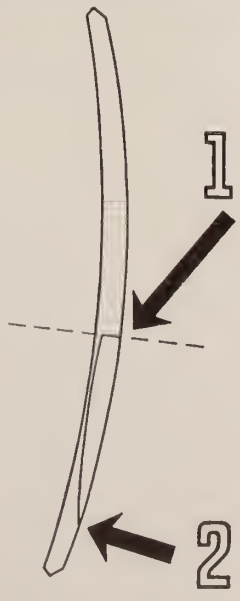
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BOOKS RECEIVED

Acknowledgment of books received will be made in this column and this will be deemed by us a full compensation to those sending them. A selection will be made for review as expedient.

Pathology of Labor, the Puerperium and the Newborn. By Charles O. McCormick, A.B., M.D., F.A.C.S., Clinical Professor of Obstetrics, Indiana University School of Medicine; Consulting Obstetrician to William H. Coleman Hospital for Women, Indianapolis City Hospital and Sunny Side Sanitarium. This volume is an outgrowth of a series of the author's lectures prepared for the senior medical students at Indiana University. Primarily, it is an attempt to set forth only the essentials of present-day obstetric thought, purposely avoiding confusing textbook material. Extra consideration has been given pelvimetry, breech extraction, placenta previa, postpartum hemorrhage, use of forceps, version and cesarean section. The ensemble of tubal sterilization operations and the detailed description of therapeutic and surgical procedures should elicit special interest. Reference has been given to such newer adjuncts as puerperal sterilization, sulfonamides, penicillin, stilbestrol, vitamin K, erythroblastosis, and improved analgesia. Fabrikoid. Price, $7.50. Pp. 399 with 191 illustrations including 10 in color. St. Louis: The C. V. Mosby Company, 1944.

Medical Uses of Soap. A Symposium by G. Thomas Halberstadt, B.S.Ch.E., Marion B. Sulzberger, M.D., Theodore Cornbleet, M.D., Lester Hollander, M.D., C. Guy Lane, M.D., Daniel J. Kooyman, Ph.D., Rudolph L. Baer, M.D., Carey McCord, M.D., Morris Fishbein, M.D., and Irvin H. Blank, Ph.D. This series of articles answers many of the questions as to the effects of soap on the normal skin and hair, on the abnormal skin, the effects of soaps used in shaving and shampooing, and irritation produced by soap under various conditions. Fabrikoid. Price, $3.00. Pp. 182 with 41 illustrations. Philadelphia: J. B. Lippincott Company, 1945.

The Examination of Reflexes; a Simplification. By Robert Wartenberg, M.D., University of California Hospital. Cloth. Price, $2.50. Pp. 222, with illustrations. Chicago: Year Book Publishers, Inc., 1945.

Textbook of Neuropathology. (Second edition. Revised and enlarged) By Arthur Weil, M.D., Associate Professor of Neuropathology, Northwestern University Medical School. Dr. Weil's manual has now been revised and enlarged to take into view the latest advances in its significantly developing field. Such newer knowledge derives especially from the most recent studies of epidemic encephalitis, of vitamin deficiencies, of the pathology of experimental tumors of the nervous tissues, and of the effects of the various forms of shock treatment. Cloth. Price, $5.50. Pp. 370, with 289 illustrations. New York: Grune & Stratton, Inc., 1945.

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DOCTORS HONORED IN FT. LAUDERDALE

In observance of Doctors' Day, Dr. and Mrs. Frank Denniston, in conjunction with the Broward County Medical Auxiliary, entertained at the Denniston home Sunday, April 29, from 5 to 7 p.m., for physicians of Broward County.

April 30 was this year designated as Doctors' Day, the date of the unveiling of the statue of Dr. John Gorrie of Apalachicola. Dr. Gorrie invented the refrigerator for use in hospitals, and from there its use spread to homes.

Spring flowers were used decoratively about the rooms. Two handsome identical floral arrangements were in honor of two prominent physicians, the late Dr. John Allen Johnston and the late Dr. Otto Schwalb.

Attending were Dr. and Mrs. R. W. Heath and Dr. and Mrs. Snow of Hollywood; Dr. and Mrs. Roland F. Fisher, Dr. and Mrs. Robert Blessing, Dr. and Mrs. R. H. Stovall, Dr. and Mrs. Leigh F. Robinson, Dr. Jean Walker, Dr. and Mrs. Frank D. Hart, Dr. and Mrs. O. C. Brown, Dr. and Mrs. Marion Lovejoy, Dr. and Mrs. C. A. Peterson, Dr. and Mrs. L. B. Elliston, Dr. and Mrs. R. L. Elliston, Dr. Royal H. Mayhew, Mrs. F. D. Pierce, Dr. and Mrs. Richard A. Mills, Mrs. Otto Schwalb, Dr. and Mrs. Denniston, Dr. and Mrs. T. H. Odeneal, and Dr. and Mrs. D .W. Harris of Ft. Lauderdale.

Mrs. R. H. Stovall was state and local chairman for Doctors' Day. Mrs. Robert Blessing is president of the Auxiliary and Dr. Roland Fisher president of the Broward County Medical Society.

SCHEDULE OF MEETINGS

ORGANIZATION	PRESIDENT	SECRETARY	ANNUAL MEETING
Florida Medical Association	John R. Boling, Tampa	Robert B. McIver, Jacksonville	Jacksonville, Canceled
Florida Medical Districts:			
A—Northwest	Courtland D. Whitaker, Marianna	Stewart Thompson, Jacksonville	Tallahassee, Postponed
B—Northeast	L. Y. Dyrenforth, Jacksonville	" " "	Ocala, Postponed
C—Southwest	Edgar Watson, Lakeland	" " "	Sarasota, Postponed
D—Southeast	William V. Sayad, W. Palm Beach	" " "	Miami, Postponed
American Medical Association	Herman L. Kretschmer, Chicago	Olin West, Chicago	Canceled
Southern Medical Association	Edgar G. Ballenger, Atlanta	Mr. C. P. Loranz, Birmingham	
Alabama Medical Association	Walter F. Scott, Birmingham	D. L. Cannon, Montgomery	
Georgia, Medical Assn. of	Cleveland Thompson, Millen, Ga.	E. D. Shanks, Atlanta	Macon, Canceled
Florida—			
Section, Am. College Phys.	Meredith Mallory, Orlando	Rollin D. Thompson, Orlando	Jacksonville, Canceled
Basic Science Exam. Board	M. W. Emmel, D.V.M., Gainesville	J. F. Conn, Ph.D., DeLand	
Dental Society, State	Fred O. Conrad, D.D.S., Tallahassee	A. J. Fillastre, D.D.S., Lakeland	
Derm. and Syph., Soc. of	J. Frank Wilson, Jacksonville	Wesley W. Wilson, Tampa	
East Coast Medical Association	T. C. Kenaston, Cocoa	I. M. Hay, Melbourne	Postponed
Hospital Association	Mr. Dewitt Miller, Orlando	Mr. R. G. Bowen, Orlando	
Hospital Service Corporation	Mr. W. E. Arnold, Jacksonville	Mr. H. A. Cross, Jacksonville	
Industrial Surgeons, Assn. of	Kenneth A. Morris, Jacksonville	A. M. Bidwell, Tampa	
Medical Examining Board	Howard G. Holland, Leesburg	H. D. Van Schaick, Miami	
Medical Postgraduate Course	Turner Z. Cason, Jacksonville	Chairman	
Nurses Association, State	Mrs. C. Lindabury, Miami Beach	Miss Madalee Hazel, Jacksonville	
Ophthal. & Otol., Soc. of	C. E. Dunaway, Miami	Wm. Y. Sayad, West Palm Beach	
Pathological Society	L. Y. Dyrenforth, Jacksonville	Iva C. Youmans, Miami	
Pediatric Society	Ludo von Meysenbug, Daytona B.	Robert Blessing, Ft. Lauderdale	
Pharmaceutical Association, State	Mr. H. B. Douglas, Bonifay	Mr. R. Q. Richards, Ft. Myers	Miami, Postponed
Public Health Association	W. W. Rogers, M.D., Jacksonville	E. M. L'Engle, Jacksonville	Gainesville, Dec. 2-4, 19
Radiological Society	Walter A. Weed, Orlando	Chas. M. Gray, Tampa	
Railway Surgeons' Association	Frank D. Gray, Orlando	W. C. Page, Cocoa	Postponed for Duration
Tuberculosis & Health Assn.	Mrs. Alexander Blair, Lake Placid	Mrs. May Pynchon, Jacksonville	
Chattahoochee Valley Med. Assn.	Herbert E. White, St. Augustine	Robert B. McIver, Jacksonville	Postponed
Gulf Coast Clinical Society	G. G. Oswalt, Mobile, Ala.	C. L. Rutherford, Mobile, Ala.	Postponed
S.E. Sec., Am. Cong. Phys. Ther.	John J. McGuire, Pensacola	Kenneth Phillips, Miami	Postponed for Duration
Southeastern Surgical Congress	Alton Ochsner, New Orleans	B. T. Beasley, Atlanta	Postponed
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Vol. XXXII AUGUST, 1945 No. 2

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Tumors of the Male Breast
Julien C. Pate

Habituation Versus Pain and Insomnia
G. E. Miller

Treatment of Typhus Fever
T. Hartley Davis

(Complete Table of Contents Page 60)

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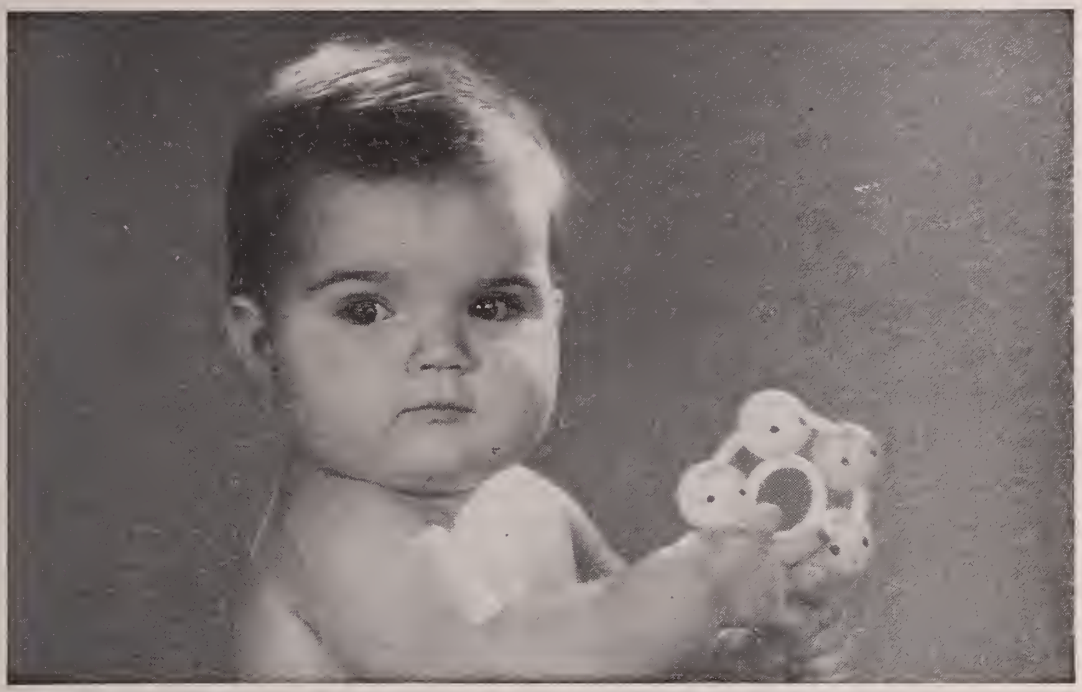
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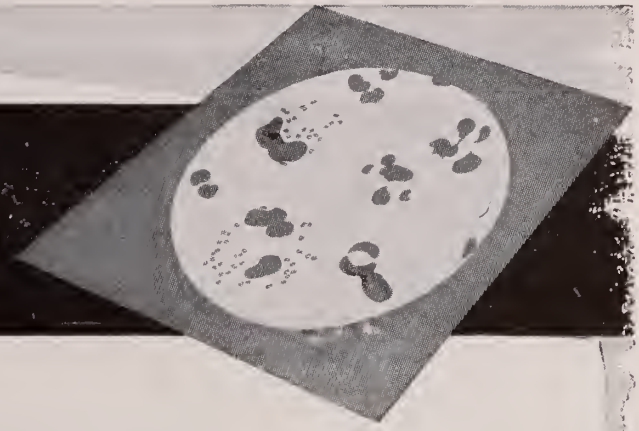
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Frisch, A. W.; Behr, B.; Edwards, R. B., and Edwards, M. W., Am. J. Syph., Gonor., & Ven. Dis. 28:527 (Sept.) 1944.

From a study of 109 patients, the conclusion is drawn that penicillin effectively eradicates chemoresistant gonorrhea in the female.

Greenblatt, R. B., and Street, A. R., J. A. M. A. 126:161 (Sept. 16) 1944.

At a U. S. Naval Hospital, 200 cases of sulfonamide-resistant gonorrhea treated with penicillin, showed no toxic reactions; all returned to duty in one-third of the time previously required.

Scarcello, N. S., New England J. Med. 231:609 (Nov. 2) 1944.

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J. A. M. A. 126:575 (Oct. 28) 1944.

191 consecutive cases of sulfonamide-resistant gonorrhea responded dramatically to penicillin.

Wigh, R., and Geer, G. I. Jr., J. Maine M. A. 35:207 (Nov.) 1944.

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Barringer, E. D.; Strauss, H., and Horowitz, E. A., N. Y. State J. Med. 45:52 (Jan. 1) 1944.

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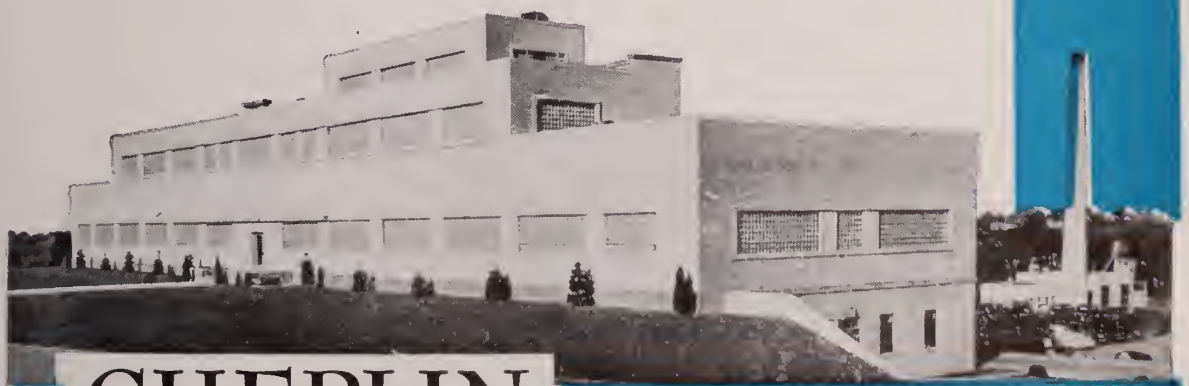


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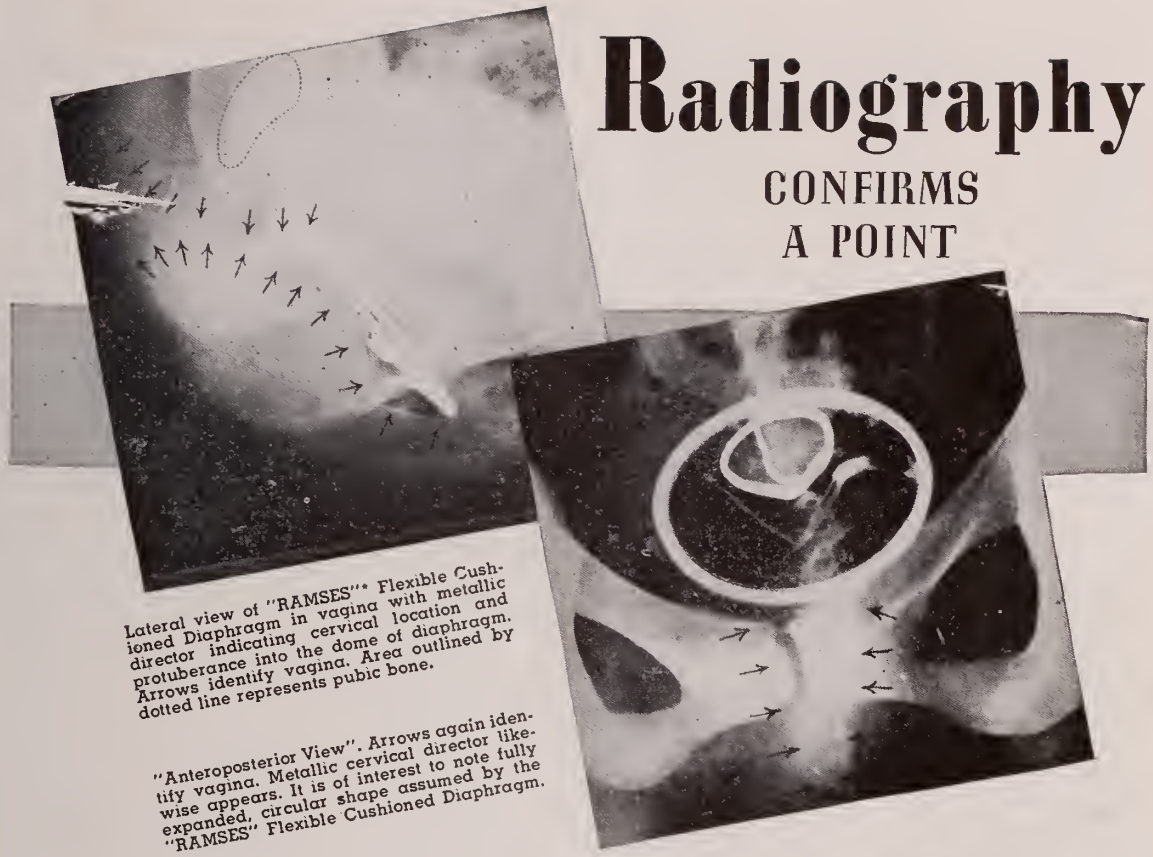
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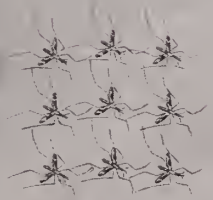
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*Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154
Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60

Proc. Soc. Exp. Biol. and Med., 1934, 32, 241
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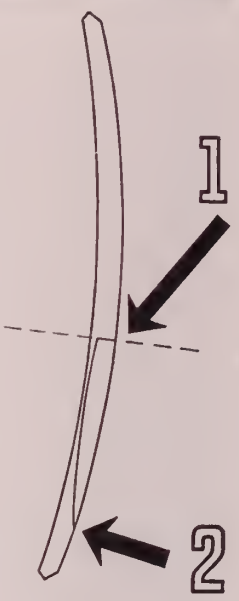
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THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION
PUBLISHED MONTHLY
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TUMORS OF THE MALE BREAST

JULIEN C. PATE, M.D.
TAMPA

In medical circles a lesion of the male breast is apt to be regarded primarily as an oddity. The relative rarity of this phenomenon tends to obscure both its pathologic and its therapeutic significance. The subject of tumors of the male breast is not to be underestimated and perhaps warrants the presentation of even a small series of cases, such as the 25 cases herein reported.

INCIDENCE AND TYPES OF LESIONS

The literature abounds in evidence of the great preponderance of lesions of the female breast over those of the male breast. Horsley[1] estimated that of all the lesions of the breast afflicting both sexes, from 3 to 5 per cent occur in men. In his series of 41 cases of lesions of the male breast, the ratio was 1 to 23. Neal[2] reported that of all lesions of the breast, 3.31 per cent are observed in men. This ratio of approximately 1 to 29 was present in his large series of 9,279 cases in which lesions of the male and female breasts were included; 308, or 3.3 per cent, of these cases were in men. Of 1,872 cases of disease of the breast reported by de Cholnoky,[3] 119, or 6 per cent, occurred in men. In a review of 17,486 cases, Schreiner noted 1,664 cases of disease of the breast, only 31, or slightly less than 2 per cent, of which occurred in men.

The mammary gland in man may be the site of any of the diseases that occur in this gland in the female. Too, the microscopic appearance is practically identical with that of similar diseases commonly occurring in this organ in the opposite sex. It is noteworthy, therefore, that the pathologic variations between the malignant growths of the male and female breast are merely those of degree and ratio of types, not of kind.

The order of frequency of the various types of lesion of the male breast, as mentioned by Neal[2] in his comprehensive study, was non-neoplastic processes 46.42 per cent; benign tumors 34.09 per cent; carcinomas 16.23 per cent, those originating in the skin comprising 16 per cent and those of duct or acinus origin 84 per cent; and sarcomas 3.25 per cent. Of the cases of malignant disease occurring in both sexes in his series, 1.24 per cent of the cases of carcinoma and 19.61 per cent of those of sarcoma were in men. This author noted that carcinomas were eighty times proportionately more prevalent in the female breast while sarcomas were sixteen times proportionately more prevalent in the male breast. In addition, he observed that carcinomas occurred five times more frequently than sarcomas in the male breast and seventy-nine times more frequently than sarcomas in the female breast. Too, the average age of the patients in his series at the time of observation was for carcinoma 57.7 years and for sarcoma 39.7 years.

Of the 119 cases of disease of the breast which occurred in men in de Cholnoky's series, there was malignant disease in 17, and in 102 the condition was benign.[3] Carcinoma was present in 15, sarcoma in 1 and benign processes in 15 of the 31 cases included in Schreiner's series.[4] This author concluded that carcinoma of the male breast, comprising 1.25 per cent of all cancers of the breast in his large series, occurs seldom and sarcoma rarely. He regarded carcinoma as malignant as it is in the female breast; too, he noted that it occurs as a rule late in life and that patients generally apply for treatment late in the course of the disease. In the 2 cases of carcinoma in my series, however, the ages of the patients were 43 and 55 years, approximating the average age mentioned by Neal.[2] Since malignant tumors constitute the most commonly observed lesions of the female breast, with mastitis and other non-neoplastic conditions second and benign tumors third in frequency, it is worthy of note that the order differs for lesions of the male breast with non-neoplastic diseases occurring most frequently, benign tumors next and malignant growths third.

ANATOMY

In some anatomic textbooks the male breast is not even mentioned and in others it is credited with only the rudiments of glandular structure.[1] Frequently it is stated in the literature that there is no differentiation between the male and female breast up to the time of puberty, but that the male breast then remains rudimentary, except in rare instances when it hypertrophies under some abnormal stimulation, and that its glandular elements atrophy within a few years,

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practically disappearing.[5, 6] In consequence, the erroneous impression that the male mammary gland contains only small portions of the glandular tissue in an atrophied and nonfunctioning state is readily gained.

Some years ago, Andrews and Kampmeier,[1, 7] by examining serial sections of the breasts of a number of boys and men of all ages, demonstrated that the male breast is a particularly complicated system of open ducts and glandular tissue, by no means vestigial in nature. From this study they noted that the mammary tissue of the adult male persists in essentially the same condition as that present in the preadolescent female and that nearly as much glandular tissue remains in later life as was present in the adolescent period. They also observed that the ducts are patent, each having an opening through the outer skin at the nipple. It was their conclusion that the breast of an adolescent boy is in structure entirely comparable with that of a girl ten years of age.

ETIOLOGY

Why diseases of the breast occur so rarely in man is problematical. Numerous authors have mentioned the lack of biologic or physiologic activity in the male breast with the absence of the normal hypertrophies and rhythmic proliferative and regressive changes associated with the female organ. Tumors of the male breast are usually accidental discoveries and seem to arise without apparent reason. They should be recognized earlier and more easily because of the difference in the natural size of the gland and in the amount of fat bed, and because any defect of the male breast should obviously be investigated.

The outstanding etiologic factors are trauma, infection, neoplasms and endocrine disturbances, particularly of the sex glands. Trauma, such as the small injuries incident to industrial hazards, is the most frequently mentioned cause of the benign tumor. In view, however, of the numerous types of injury and chronic irritation to which the male breast is subjected, Horsley[4] was of the opinion that the role of trauma as a causative agent is most uncertain. It was a factor in only 4, or 11 per cent, of the 36 cases of fibrous tumor in the male breast reported by de Cholnoky.[3] Neal and Simpson[5] regarded it as an important factor in cases of acute mastitis for they noted that in most instances there is a history of some preceding injury. In only 1 of the 5 cases of gynecomastia in soldiers, reported by Sullivan and Munslow,[8] was there a definite history of trauma, but all of the patients stated that the constant wearing of a pack aggravated the condition and caused additional enlargement of the breast.

Infection is of primary significance since mastitis is the commonest lesion of the male breast. The anatomic investigations of Andrews and Kampmeier[7] indicate the opportunity for the entrance of infection from without. Although mastitis in the male breast usually occurs during adolescence and is commonly referred to as adolescent mastitis, it nevertheless may be present at all ages.[1] In acute mastitis, the suppurative inflammations are observed as abscesses or as diffuse infiltrations of pus; or inflammatory reaction may not progress to the degree of suppuration. These acute inflammations may complicate such acute infectious diseases as mumps, pyemia and typhoid fever, as noted by Neal and Simpson.[5] These authors mentioned numerous terms used to designate chronic enlargement, brought about largely by an increase in the fibrous connective tissue and generally presumed to be a type or a manifestation of chronic inflammation. Mastitis may be primarily chronic, or the chronic form may follow acute mastitis as manifested by an exudate or as a localized sclerosing repair process. It may be diffuse with enlargement of the breast, as in chronic hypertrophic mastitis, or there may be a hard nodule or nodules, often painful, in local, single, or multiple areas.

Fortunately, neoplasms in the male breast are more frequently benign than malignant. The debatable role of trauma in the causation of these tumors has been mentioned. Among the benign tumors, the high percentage of the adenoma and adenomafibroma group, as evidenced in my series, the absence of the mixed types of adenofibroma, and the absence of cystic changes are to be noted. De Cholnoky[3] concluded that fibrous tumors probably arise as the effect of hormonal imbalance and are most frequently encountered in early adult life and in old age; he added that fibroadenomas occurring at all ages are benign tumors with no evident tendency toward malignant degeneration. Guy[9] observed that lipoma of the breast proper, of which there were 2 cases in my series, is one of the rarest of tumors, regardless of the age of the patient.

The relation of endocrine disturbances to swelling of the male breast has not been definitely determined.[1] True hypertrophy, or gynecomastia, denotes a morphologic abnormality or a disorder of physiologic function, or both, rather than a surgical condition. This phenomenon is characterized by a growth, neither painful nor inflammatory, which presents the characteristic lobulation of the female organ.[6] Homologous with virginal hypertrophy in the female, slight and transient enlargement of the breast at puberty occurs normally in a certain number of males in the opinion of Jung and Shafton.[10] Diffuse enlargement of one or both breasts may, however, be present and may persist, either at puberty or with the decline of sexual life. Geschickter[11] concluded that this benign enlargement results from an increase in the length of the ducts and in periductal connective tissue. Their clinical observations led Lewis and Geschickter[12] to believe that there is a definite relationship between the sex organs and gynecomastia. This condition is observed in hermaphrodites. Too, Ferguson[13] stated that it occurs in 5 per cent of the cases of chorionic epithelioma and teratoma of the testis. In boys and young adults, enlargement of the breast may take place following atrophy or excision of one testis with hypertrophy of the interstitial cells of the other testis. In addition, as Horsley[1] pointed out, testicular tumors which contain chorionic tissues secrete both prolan, the pituitary-like sex hormone, and estrin, the female sex hormone.

TREATMENT

In general, the indications for the treatment of tumors of the male breast, correspond to those for the treatment of similar conditions in the female breast. Likewise, the type of treatment is the same as the customary therapy for corresponding lesions of the female organ. Excision and immediate pathologic examination are indicated if the neoplasm, or suspected neoplasm, is small. Biopsy should be obtained when the growth is extensive. If a benign process is demonstrated by microscopic examination, simple excision of the tumor or the breast is the indicated surgical procedure. If, however, malignant disease is present, radical removal of the breast, with or without irradiation, is immediately in order.

Simple enlargement of the breast in man is as a rule self limited. Spontaneous regression may occur, as in case 4 herein described, but once the condition is established, endocrine therapy is ineffective. In cases of gynecomastia, excision of the mammary gland is resorted to primarily for the cosmetic effect, and in some instances for psychic considerations as well. Thorek[6] mentioned both successful and unsuccessful use of irradiation and advocated surgical removal in most cases of this phenomenon.

ANALYSIS OF SERIES

In my series of 25 cases, there were 18 cases of adenofibroma or chronic mastitis, 2 cases each of lipoma, syphilitic gumma and carcinoma, and 1 case of gynecomastia. In 3 of the cases of adenofibroma or chronic mastitis, undescended testicle was also present. The ages of the patients ranged from fifteen to seventy-four years.

Treatment of the 18 cases of adenofibroma and the 2 cases of lipoma consisted of simple excision, as described in case 1. Recovery was uneventful in all of these cases. In the 2 cases of syphilitic gumma, one of which is here reported as case 2, the tumor disappeared entirely in about four weeks, but the greatest change, probably representing a 70 per cent decrease, took place following the first injection of neoarsphenamine.

In 1 of the 2 cases of carcinoma, which is reported as case 3, the disease was in the early stage. Treatment consisted of a radical mastectomy, followed by irradiation. There has since been no sign of metastasis, and the patient was alive and well after fifteen years had elapsed. In the other case, the malignant process was in the late stage when the patient first came under my observation. Despite radical mastectomy followed by irradiation, metastasis to the lung occurred within nine months with fatal termination two months later.

In the case of gynecomastia, which is reported as case 4, no treatment was instituted. The patient was merely kept under observation.

REPORT OF CASES

Case 1.—J. Z. R., a white man aged 67, complained of a mass in the right breast, which he had first noticed about a year previously when it was as large as a small marble. It had steadily increased in size, and recently there had been tenderness over and around the nipple.

Physical examination gave negative results except for a growth the size of a lemon involving the nipple as well as the underlying structures of the right breast. All laboratory findings including the reaction to the Kahn test were negative.

A diagnosis of chronic mastitis was made. A partial mastectomy was performed at the Tampa Municipal Hospital on March 28, 1944. The pathologic diagnosis, made by Dr. H. R Mills, was chronic cystic mastitis.

Case 2.—H. P., a white merchant aged 40, presented himself for examination in June 1938, about four months after first noticing tenderness and three months after discovering a hard mass the size of a large walnut in the left breast. This mass had gradually grown until it was as big as a large egg. Two weeks prior to examination the mass had begun to ulcerate at the center.

The patient related that when he was 17 years old, the physician residing in his small community had told him a sore on his penis was of no consequence and, without making studies of the blood, had given him dry calomel with which to treat it. In due time the lesion had healed, and he had had no further trouble.

Physical examination revealed great emaciation. In the left breast at the left of the nipple, which was not involved, a large indurated mass was beginning to ulcerate at the apex. The reaction to the Kahn test was 4 plus. No other physical or laboratory findings were significant.

A diagnosis of syphilitic gumma was made, and treatment with neosalvarsan, bismuth and iodides was begun. There was decided recession of the tumor after the first injection of neosalvarsan had been given, and within thirty days it had disappeared. Treatment was continued until the reaction to the Kahn test remained negative.

Case 3.—C. J. O., a white mechanic aged 43, consulted me because of a mass in the left breast which he had discovered a few days previously when his breast had become tender on palpation.

Physical examination revealed a well nourished white man weighing 175 pounds. Aside from the tumor in the left breast, which was the size of a small lemon, there were no significant physical findings. All laboratory examinations including the Wassermann test gave negative results.

A specimen was obtained for biopsy, and an adenocarcinoma in the early stage was reported. A radical mastectomy was performed on Aug. 2, 1920. The patient made an uneventful recovery, and there was no recurrence. When he was examined in July 1935, fifteen years after the operation, he was in excellent physical condition.

Case 4.—J. C. C., a white man aged 74, first consulted me two years ago. He had noticed that his right breast was tender on palpation although not painful. In about two weeks the tenderness had subsided, and the breast had begun to enlarge. When he came under my observation, he was in good health and stated that he had never been ill. He was the father of six children, whose ages ranged at that time from thirty-seven to fifty-three years.

The enlargement continued until the right breast was twice the size of the left breast. The condition then remained stationary for about twelve months and thereafter gradually receded until it was only one-eighth larger than the other breast. There was no discharge from the nipple, nor was there elevation of temperature at any time. No masses could be felt. There was simply an enlarged breast, which was symmetrical. All laboratory examinations gave negative results.

A diagnosis of gynecomastia was made. The patient received no treatment, but was kept under observation. When the last examination was made on Jan. 1, 1945, the right breast was still one-eighth larger than the left breast.

SUMMARY

Tumors of the male breast are discussed in their various aspects, including incidence, types of lesion, anatomy, etiology and treatment. A series of 25 cases is presented and 4 illustrative cases, one each of chronic mastitis, syphilitic gumma, adenocarcinoma and gynecomastia, are reported.

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TREATMENT OF TYPHUS FEVER

PRELIMINARY REPORT

T. HARTLEY DAVIS, M. D.
OCALA

Typhus fever, as referred to in this paper, is the mild, flea-borne type of the disease described by Brill, frequently referred to as the fever of that name and also known as the murine type. This is the type of the disease which occurs in Florida.

So far as I can ascertain from the literature, there is no accepted specific treatment now used for this disease. The latest spectacular addition to the armamentarium for combating disease, Penicillin, has been tried by various investigators and found to be of no avail in the treatment of typhus fever.

Contrary to the statistics, it is my belief that typhus fever is on the upswing in Florida. By this statement I do not mean to minimize the value of vital statistics, but in my opinion there are countless hundreds of cases which are not reported to the health authorities. Too, heaven knows how many cases are not diagnosed correctly and how many others are not even attended by a physician. I have encountered cases in all three of these groups.

Murine typhus is a mild disease in most cases occurring in Florida and has a low mortality

rate. It could easily be mistaken for many other mild ailments. The blood picture in typhus is of no particular diagnostic value. There is a low white blood cell count, and there is also a low polymorphonuclear differential count, usually associated with a mild anemia. These findings might be true of influenza, malaria, typhoid fever, and many other diseases which occur in Florida, thereby making diagnosis difficult from the standpoint of the blood picture.

The rash, which one looks for on the abdomen in from five to seven days after the onset of the fever because Brill said it would appear then, oftentimes does not appear at all, and when it does, it is frequently varied in form. Sometimes the macules are discrete, sometimes hemorrhagic and coalescing, and sometimes confluent. The literature says that the rash does not spread to the face, but I have had 2 cases in which it did spread to the entire surface of the body including the face, and in these cases there was a positive agglutination for typhus in a high titer.

Rocky Mountain spotted fever closely simulates typhus.[1] This is an acute, infectious, but not contagious, disease, transmitted to human beings by the bite of infected ticks. Clinical characteristics include frontal or occipital headache, prostration, muscular and joint pains most pronounced low in the back and in the extremities, and an eruption which appears first on the wrists and ankles. Later the eruption spreads over the entire body, accompanied by a rising, continuous fever, which subsides by rapid or slow lysis after two or three weeks. There is profound toxemia, and the disease terminates by protracted convalescence or death due to toxemia or complications. This disease is differentiated from typhus by lack of a typical typhus temperature curve, which has many remissions, by a history of tick bites or indurated areas on the skin where ticks have been attached, and by a characteristic eruption which does not appear first on the abdomen but does spread to the whole body. Also, the prostration and toxemia are much greater than in typhus.

Whether the diagnosis is absolutely accurate when not substantiated by an agglutination test, one cannot be sure. When, however, a patient has severe aching of the back and legs and head, accompanied by frequent chills and a temperature curve subject to great variations from hour to hour, when in about a week there appears a macular eruption on the abdomen, when the reaction to the agglutination test is positive for typhus, and there is absence of a positive reaction to other agglutination tests, and when other diseases are eliminated by the absence of a characteristic symptom complex, then one is satisfied to call the disease typhus fever.

Treatment for typhus has been disappointing over the years. Atabrin with calcium gluconate was thought to be promising a short time ago, but this was tried by the physicians of the staff of the Munroe Memorial Hospital at Ocala, and was not helpful in most cases. Autoinoculation was tried with some success. Small amounts of blood were drawn from the veins of the patient and injected into the muscles. This method failed to help in all 3 cases in which I tried it.

I have inquired in the various centers of the South as to what treatment is being used for typhus. I received the same reply from all: "No specific treatment for typhus." In reply to my inquiry, a physician in Atlanta wrote that injections of immune blood had been tried and found to be useless.

My colleagues and I who are on the staff of the Munroe Memorial Hospital have been working with this problem for the last four years. We have had numerous cases of the disease to treat, and four deaths from it have occurred during these four years. We have tried giving varying amounts of immune blood, that is, blood taken from patients recently convalescent from typhus fever. In severe cases we have given transfusions of 500 cc. of immune blood with good results in some cases, striking results in others and poor results in a few. One patient who was unconscious for five days was given a transfusion of 500 cc. of blood from a donor who had recovered from a severe attack of typhus fever only two weeks prior to the transfusion. This patient recovered from the coma in three hours, and his convalescence was continuous thereafter.

When transfusions are given, of course the donor's blood has to be matched with the recipient's blood. If given intramuscularly, however, the blood does not have to be typed or matched.

We observed that the more recent the donor's convalescence from typhus and the more severe the donor's illness, the richer is the typhus antigen of his blood. This fact was arrived at by actual agglutinations. Likewise, the degree of potency of the typhus antigen in any blood can be de-

termined by agglutination tests. We noted also that, regardless of the severity of the illness in the donor, the antigen would subside to a level so low as to be of no help in treatment after about one year, with some few exceptions. Our most striking results were obtained in cases in which the donor's convalescence had been completed only a few days and in which the toxemia had been profound. Blood from donors whose temperature had subsided to normal only forty-eight hours previously was used with no ill effect.

We concluded that intramuscular injections of immune blood prove about as effective as transfusions in aborting the disease. Our most spectacular results were obtained in cases which we were able to treat early, during the first three or four days of the disease, and with blood obtained from patients recently convalescent. Diagnosis is frequently extremely difficult at this period as the reaction to the agglutination test is oftentimes not positive until the end of the first week and in some cases not until the third week.

In many cases which we treated early with injections of immune blood from patients recently convalescent, the disease was completely aborted in from twenty-four to forty-eight hours, either by sudden crisis of by rapid lysis. We observed that the longer the disease exists untreated, the poorer are the results when the patient is given injections of immune blood.

We give 20 cc. of whole immune blood in each buttock one time, and usually we find this sufficient. If, however, in this amount it fails to abort the disease, it may be obtained from other donors and administration in like amount may be repeated every forty-eight hours. As previously mentioned, it does not have to be typed or matched. By this therapy we have obtained abrupt abortion of this disease in 60 per cent of our cases.

One characteristic which was outstanding in our cases, mention of which we have not observed in the literature, is the nervous and mental aspect. We noted that in a high percentage of the patients past middle life in whom the attack was severe, there was confusion, disorientation as to time and place, and varied forms of hallucinations. This manifestation of profound toxemia occurred in nearly all cases which later terminated in death in which the patient was more than fifty years of age. We did not observe this mental feature in any of the younger patients.

This is a preliminary report on this subject as the method has not been sufficiently studied to attain the dignity of an established treatment. The results just outlined appear, however, to justify optimism.

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ABSTRACTS OF MEDICAL ARTICLES

GIARDIASIS WITH UNUSUAL FINDINGS, WELCH, P. B., MIAMI, GASTROENTEROL. **3**: 98-102 (AUG.) 1944.

In a study of a series of 29 cases of giardiasis, it was noted that in 73 per cent there was radiologic evidence of functional and anatomic changes in the duodenum, duodenal cap, pylorus and prepylroic portion of the stomach. The symptoms, physical findings and radiologic findings in each case, and also the leukocyte and eosinophil counts and the result of the stool examination before and after atabrine therapy, are set forth in three tables.

In 22 cases, or 75 per cent, an eosinophil count, varying from 4 to 13 per cent, was present. In all but 1 of these 22 cases blood counts were made following atabrine therapy; in 16, or 76 per cent, the eosinophil count promptly returned to normal, offering presumptive evidence that the eosinophilia was attributable to the giardial infestation.

It is suggested that the constancy of the elevated eosinophil count in the cases occurring in adults and the high percentage of these cases in which it returned to normal after treatment with atabrine might be explained on the basis of severity of infestation, as evidenced by the number of parasites found in the stools and duodenal aspirates, and the severity of symptoms. In 7 of the 8 cases of the series occurring in children there was a mild eosinophilia, and the irregularity of response to atabrine therapy is attributed to the low incidence and mildness of abdominal symptoms and to the fact that the infestations were incidentally found in the stools during routine examination for other conditions.

In 5 of these cases the absence of abdominal symptoms suggested that the degree or duration of infestation was not sufficient to produce them; in the other 3 cases, these symptoms were relieved after one course of atabrine.

In 15 cases of the series there was a white blood cell count of 10,000 or over, which was reduced in 11 cases after treatment with atabrine. The significance of the relatively high incidence of leukocytosis with its apparent subsidence following the administration of atabrine remains unexplained.

The author concluded that changes in the mucosal pattern and motor functions of the duodenum, duodenal cap, pylorus and prepyoric areas, as demonstrated radiographically, are characteristic of severe giardial infestations. Although eosinophilia has not been regarded as a characteristic finding in this disease, in all probability it should likewise be so considered, he observed.

NEUROPSYCHIATRIC ASPECTS OF THE CIVILIAN PILOT EXAMINATION, MCCONNELL, WHITMAN C., AND MCCONNELL, WHITMAN, H., ST. PETERSBURG, J. AVIATION MED., AUG. 1944.

The authors regard the medical examination in aviation as a distinct medical specialty in which the neurologic and psychiatric aspects are no less important than the physical. Examination of the civilian pilot has peculiar significance since he is observed by the medical examiner for a short time only once or twice a year while the military pilot is under constant supervision of flight surgeons. Thus the civilian pilot may much more readily conceal minor inadequacies.

The procedure followed in the neuropsychiatric examination of a civilian pilot is described and amplified by abstracted neurologic material. The prescribed anamnesis is first obtained, and the neurologic observations of the twelve cranial nerves are then made and recorded openly in the course of the general examination of the head and neck. The psychiatric appraisal is, however, done without the applicant's suspicion of its inclusion.

It is noted that minor central and peripheral motor defects as well as early multiple sclerosis or the residuals of an abortive anterior poliomyelitis may go unnoticed. By the time an applicant appears for an aviation examination, degenerative lesions of the central motor system cause hypertonicity or spasticity of the muscles and hyperactive reflexes; those of the anterior horns and peripheral branches are evidenced by flaccid and atrophic muscles with diminished or absent reflexes. Reflexes should be of the same degree on both sides; deep and superficial reflexes should correspond. Disease is present when a deep reflex is increased and a superficial reflex is diminished.

In eliciting information regarding sensory impulses, care should be taken that the questions do not suggest the answer. In contrast to the ataxia present in disease of the posterior column of the cord, that associated with a cerebellar lesion is constant with the eyes open or closed. Although diseases of the spinal cord are rare, scars from burns, especially on the hands, scanning speech, unusual reflexes, nystagmus and ataxia warrant careful search.

It is emphasized that the victim of any mental disease should not fly. The introvert, unperturbed during the examination, cannot accept regimentation or rebuke. He may develop delusions of persecution leading to the destruction of his rival if it could appear as an accident. He weighs all sides, taking too long to make a decision in an air emergency.

The extrovert, on the other hand, is the showman whose breezy nature wins friends, but whose desire to perform may bring him to disaster. In military service he makes an excellent pursuit or fighter pilot, who must make quick decisions in lieu of planning, but he worries the crew of a bomber.

Victims of neuroses, resorting to this "face saving" mechanism because they are unable to meet the demands of their environment, are to be expected among the introverted and extroverted personalities. Psychoneurosis, predicated as it is on fear over a long period of time, presents a difficult problem. Pilot staleness, originally identified as fatigue, has now been placed among the neuroses and dignified as aeroneurosis.

The mild psychotic patient, as well as the borderline moron, may slip through the medical examination. Organic psychoses occur rarely in youth. Their recognition among older pilots is aided by associated neurologic or physical signs.

The enviable record of safety enjoyed by civilian aviation should be safeguarded, the authors recommend, by careful medical supervision with the growth of air travel after the war when many military pilots will apply for air line duty. They conclude that the bomber pilots will be more interested and better suited than the fighter pilots to the drudgery of air line schedule.

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HABITUATION VERSUS PAIN AND INSOMNIA

A Timely Reminder of a Growing Menace

For centuries the subject of habituation in relation to pain and insomnia has engaged the classical interest of the medical profession. Feature writers and pocket magazines of the present chaotic era have at length aroused the laity to an appreciation of the growing magnitude of this alarming problem. The current global war, with its attendant pain, anguish and nervous tension, unmatched in any previous period of history, has in no small degree been responsible for this awakening. Too, by their fiendish cultivation of drug addiction, both the Japanese in China and the Germans in Europe have engendered a bitter hatred of this menace.

Since nine tenths of all controversy is said to be due to lack of definition of terms, qualitative analysis of a subject, fraught as is this one with fiery indictment and biased presentation, is furthered by clarification of the terms used. Habituation is to be construed as the constant taking of opiates beyond the requirement of pain, or the use of barbiturates in excess of their proper application to insomnia. Pain, described as distress or suffering, is probably the sense most widely distributed in the body and has been man's chief medical complaint since the time of Adam and Eve. Insomnia, less brutal than pain, but at times savagely cruel, is the inability to sleep.

The medical profession has no greater function than the relief of pain and insomnia. Opiates are indispensable for alleviating pain, as attested three centuries ago by Thomas Sydenham's basic aphorism: "Without opium few would be callous enough to practice therapeutics." The late Logan Clendening, having personally experienced the tortures of kidney stone, opined that the physician who withholds morphine and atropine deserves to have a renal colic on a snowbound sleeper twenty miles from medical assistance. Who would deny an opiate for relief of excruciating pain of whatever cause? The understanding physician knows, as does the keen sufferer, the inestimable value of this service.

Selection of the least hazardous appropriate drug and the smallest effective dose may require fine discrimination. Codeine, relatively not habit-forming, should be used whenever adequate. It may even serve well the victim of painful, incurable cancer without resort to morphine until the last few days or weeks before release. Heroin with its vicious hazard of addiction would doubtless be deservedly ostracized completely were it not that a pound, made at a cost of $25, may sell for as much as $7,500. Morphine, the preparation par excellence, should never be withheld by a physician worthy of his calling when it is clearly demanded to meet extreme requirement. The unequivocal imperative that not a single dose encroach upon the borderline of addiction is a test of the art of the competent physician. Likewise, discontinuance of the drug occasionally taxes his tact and ingenuity to the utmost. Rarely, he will lose a patient, more often an account, but never should he turn over the controls to the patient.

Typical of the great array of soporifics, the derivatives of malonyl urea present the battle of the barbiturates. Thomas Edison awake all

night in his laboratory and Philip Hamerton decrying more than five hours of sleep are merely exceptions serving to emphasize the dictum of physiologists that the overwhelming majority need at least eight hours of sleep for "blessed rest and skilled repair to meet tomorrow's wear and tear." When required, the barbiturates should be unhesitatingly prescribed, and the particular preparation should of course be suited to the individual case. The attributes of attack and release vary widely in this family of drugs; also, the actions are not identical upon the different organs and in the varying clinical pathology. An interesting differential exists between the opiates and the barbiturates as to tolerance. With the opiates, so enormous is this attribute that Thomas De Quincy could write of a dose of 8,000 drops of laudanum, but with the barbiturates there is little or no increase. The therapeutic dose should, therefore, never be exceeded.

Habituation by abuse of opiates and soporifics has become a major medicosociologic problem. Always the bad boys among the drugs, the old opiate gang is now rivaled by the younger clan of barbiturates, which are infiltrating a nerve-wracked world in all their varicolored costumes like a pest of Japs and Germans. A billion doses a year of these preparations was the estimate nearly a decade ago for the United States alone. The number steadily increases to the point of fury and confusion.

The medical profession can be relied upon to meet its responsibility in this matter and at the same time guard against the creeping in of reprehensible abuses. In prescribing, physicians must show greater discretion as to choice and dosage. Once admonished without avail, the almost negligible minority who, through ignorance, carelessness or willful greed for gain, persist in catering to drug addiction, should legally be deprived of even the legitimate use of these indispensable drugs. Under the guidance of the profession, the appropriate legislative bodies should enact more restrictive laws and regulations governing the use of narcotic and hypnotic drugs. No person should be able to obtain an opiate or a barbiturate without a prescription from a licensed physician, and no prescription should be refilled without the sanction of the physician who issued it. Thus can the growing menace of drug addiction be curbed and eventually eradicated.

It will always be the obligation of the physician to meet the compelling symptoms of pain and insomnia by whatever means is deemed best. Opiates and hypnotics are among the foremost dispensations to suffering humanity. Their uses might be said to come as a concession from an all-wise God, their abuses to spring from a crafty devil. Solution of the distressing problem of drug addiction offers one of the greatest opportunities ever presented to the medical profession.

George E. Miller

FROM MY POINT OF VIEW

"Hell's a Poppin'!!" It surely is. I wish to pick out of that timely article (written by Dr. Homer Pearson in the Florida Medical Journal) one phrase and elaborate a little upon it.

"What are you physicians going to do about it?"—meaning cleaning our own house. When I think of the obstructionist tactics employed to keep us from doing that very thing by the public who throw that phrase at us, it makes me mad and hopeless.

Recently, a bill was introduced into the legislature of Florida which aimed at taking away even the advisory power of physicians to keep incompetent men from practicing medicine and surgery in municipal hospitals.

Just how one can expect a housewife to keep her home clean when by law she is deprived of brooms, vacuum cleaners, and soap, passes my understanding.

Just why the public will hold an individual or group of individuals responsible for certain results unless those results come about as a consequence of that group's unhampered actions is beyond reason. And yet these two things are being done at the present time to physicians individually and as a group. If a hospital staff tries to protect the public from incompetent physicians, a hue and cry goes up that said staff is doing that thing so they may monopolize the medical and surgical work of the community.

In the present emergency due to the war, people kick mildly about shortages. But their emotions come strongly into play in regard to medical personnel shortages. And thus, when a member of the family is sick and they find it impossible to get a doctor, they emotionally damn the medical profession for a bunch of lazy, mercenary, and rich cads. The fact that the left-at-home doctors are overworked, their number inadequate, and their average age high, is not considered.

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through the spoken word, and through ignoring evidence to the contrary, and taking full advantage of emotional reactions such as cited above. Just why all the "Hell's a Poppin'?" Is the public basically unjust, or is it being made that way by our old friend Propaganda?

And so persons interested in changes, for their own benefit, stress the physician's failures—ignoring his successes; stress the enormous doctor's bill—ignoring the fact that it is a small per cent of the total cost of illness, and that the commercial interests such as hospitals, druggists, undertakers, coffin makers, grave diggers, yes and even the man who gives the funeral orations make up at least 90 per cent of the total bill. The propagandist implies that by putting the doctor out on a salary the cost of illness will be wiped out. Rot? Of course it is rot. But to sit back and hope the people will know or believe anything except the side presented to them is to overlook the factor of human psychology.

Failure to answer these charges, failure to follow through attempts at house cleaning is not interpreted by the public in its proper light, i. e., the physicians' disgust at the obvious absurdity of such charges and their reluctance to fight the public for the public's own sake. That failure to fight is interpreted by the people, led by the opposition, as an admission of the truth of the charges, and that we stopped our efforts to clean house because we were caught in an attempt to feather our own nests.

I know of only one way to stop the present trend—counter-propaganda. In order to accomplish this, we must use the above cited methods: suggestion through the eye, i. e., written articles in the newspapers, magazines, pamphlets; suggestion through the ears—the radio, speeches at public gatherings, and constant talk along this line to the people and patients with whom we come in contact. And above all, the effort must be *constant*! Yes, and this counter-propaganda is going to cost us money—money we feel and believe we should not be forced to expend. But wars, even those thrust upon us, cost money, and we have to spend a part in order to save a larger part.

Whether we like it or not, I feel that we must keep *constantly* in front of the public such facts as the long period of preparation they demand for M. D.'s, the hours we work, the emotional nature of our work, the lower expectancy of life for us, plus the fact that we give more work without compensation than anyone in any

of the businesses or professions. This latter is important, for continuous giving without frequent reminders that it is a gift, rapidly deteriorates into the idea upon the part of the receiver that what he receives is his right and not a gift.

Of course our reaction to this method is one of reluctance. It appears to be a lowering of our ethical standards. Maybe it is, but that very effort is being forced upon us if we are to maintain any of those high standards. The price of peace is sometimes war.

F. C. Metzger, M.D.

STATE NEWS ITEMS

Dr. Duncan McEwan of Orlando was the guest speaker at the local Rotary Club meeting, the latter part of May. His subject was "The Ethics of the Medical Profession."

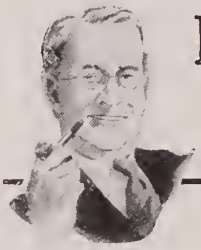
Dr. Linwood M. Gable of St. Petersburg arrived home on a thirty-day leave the early part of June. Col. Gable flew over the bombed ruins of Germany shortly before returning to the States. He was called to active duty in July, 1942; and is also a veteran of 23 months overseas service as a regimental surgeon with the 26th Division during World War I.

In addition to the ETO ribbon in recognition of his service in this war, Col. Gable's awards include the Silver Star Medal with a cluster, the Purple Heart, the Victory Medal with six battle stars and the British Military Cross won in World War I. The latter decoration was pinned on him by King George V in 1917.

Dr. T. H. Wallis of Ocala resumed his practice the early part of June. His many friends will be pleased to learn that he has returned to practice after being inactive for several years.

Dr. Edward Meadow of Miami has for several months been taking special work at the Cook County Postgraduate School of Medicine in Chicago. For three months beginning September 1, he will go to the New York Polyclinic for additional postgraduate studies in surgery. Dr. Meadow is a well known surgeon of Miami and his many friends will be interested to hear of his good fortune in being able to take up postgraduate work.

ADVERTISEMENT



From where I sit
by Joe Marsh

Dr. Walters Lends a Helping Hand

Dr. Walters got home early from a tough case the other day, and found his missus in the middle of house cleaning, with the furniture moved around, and the place a shambles.

Some men might have grumbled about coming home for a little rest and finding their homes upset. But not the doctor. He just took his coat off and pitched in and helped.

And when he got the last curtain back in place, and stepped down off the ladder, there was his missus with a tray of cold beer and cheese blintzes she'd made specially. And blintzes are the doctor's favorite dish.

From where I sit, it's little things like this that will help to ease our troubled lives today—see us through difficulties—keep alive the spirit of good fellowship and mutual respect. Try trading a helping hand for ice-cold beer and blintzes. See if it doesn't make life seem a little brighter!

Joe Marsh

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Dr. Edgar G. Ballenger of Atlanta, president of the Southern Medical Association, died Friday, June 1. Dr. E. Vernon Mastin of St. Louis, formerly vice president, became president upon the death of Dr. Ballenger.

Dr. C. A. Rudisill, Tampa, has resumed practice with offices located at 301-03 LaFayette Arcade. Dr. Rudisill reported for military duty July 30, 1940 and was released to inactive duty March 15, 1945.

Dr. William C. Thomas, Gainesville, has been appointed a member of the Council of the Southern Medical Association for Florida for a regular council term of five years, beginning at the close of the annual meeting in November, the appointment having been announced recently by the president-elect, Dr. M. Y. Dabney, Birmingham, Ala. Dr. Thomas succeeds Dr. Walter C. Jones, Miami, whose term will expire at the close of the annual meeting in November and who, having served the constitutional limit, is not eligible for reappointment.

Information concerning the Florida Hospital Service Corporation is portrayed in a small folder entitled "No One Knows . . . When He Will Need Hospital Care." The Blue Cross Plan is operated as a community service. There is a general demand for prepaid hospital service, from people in the lower income brackets. Physicians are urged to keep a supply of these folders in their waiting rooms as reading matter for patients. The folders may be obtained without charge from Mr. H. A. Cross, Executive Director, Florida Hospital Service Corporation, P. O. Box 1798, Jacksonville 1, Florida.

A meeting of medical advisers to the Rehabilitation Division of the State Department of Education was held in the Seminole Hotel, Jacksonville, on June 24. Among those in attendance were Drs. Herbert L. Bryans of Pensacola, chairman of the group; Meredith Mallory of Orlando, medical consultant; R. D. Thompson of Orlando; Frank L. Fort and Henry Hanson of Jacksonville; and James L. Anderson of Miami.

Announcement—Jesse L. Williams, D.D.S., 332 St. James Building, Jacksonville, will limit his dental practice to peridontia beginning June first.

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OBSTETRICS—Two Weeks Intensive Course October 8.

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The State Board of Medical Examiners held examinations at the Seminole Hotel in Jacksonville on June 25 and 26. There were 101 applicants, and the official list of those who were successful in securing Florida licenses will be published later, as the grading of the papers requires six weeks or two months.

Dr. J. B. Kollar of Vero Beach was elected president of the Board for the ensuing year, to succeed Dr. H. G. Holland of Leesburg. Dr. Frank D. Gray of Orlando was elected vice president and Dr. H. D. Van Schaick of Miami was renamed secretary-treasurer.

Dr. Webster Merritt of Jacksonville was recently elected a director from the second district of the Florida Historical Society.

BIRTHS AND DEATHS

BIRTHS

Dr. and Mrs. Americo J. Ferlita of Tampa announce the birth of a son, Frank Stephen, on Nov. 7, 1944.

DEATHS—MEMBERS

Dr. Andrew B. Albritton, Wildwood—May 3, 1945.

ANDREW BENJAMIN ALBRITTON

Dr. Andrew B. Albritton, pioneer physician of Sumter County, died at his home in Wildwood, May 3, following a brief illness.

Born July 14, 1882 at Orange Springs, Fla., Dr. Albritton received his medical training at the University of Georgia from which he was graduated in 1912. Shortly thereafter he moved to Wildwood, where he practiced his profession for a third of a century.

Dr. Albritton was an active member of the Lake County Medical Society, the Florida Medical Association and the American Medical Association.

Surviving are his widow, two daughters and a son, all residing in Wildwood.



Doctors, too, are dying in this war

Our Medical Carps is saving 97 out of every 100 fighting men wounded. But that proud record is exacting an inevitable price fram the Carps' own men.

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No wonder there is o shortage of doctors here at hame. And there are other gaad reasons why this shortage will last—lang after the peace has been signed.

Getting our troops back after the war will be a hard, long jab. Their medical care must be maintained. So their doctors will be among the very last to be released. And many dactors will stay abroad to fight epidemics sa they won't spread to our shares.

So . . . help yaur doctor save his time. The very best way ta sove yaur doctar's time is to make use of his services the minute trauble arises. Never indulge in self-diagnosis. See your dactar early, in time for him to head off more serious trouble. And help him further by daing these three things:

Go to him—whenever yau are able. Hause visits take time when someane else may need him urgently.

Keep yaur appaintment promptly; make it at his convenience sa that he can plan his crawded haurs better.

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COMPONENT COUNTY SOCIETIES

DADE

The regular monthly meeting was held Tuesday night, June 5 at the new Nurses' Home, Jackson Memorial Hospital. President Scheffel Wright presided.

Dr. H. D. Van Schaick, chairman of the association's committee on legislation and public policy, discussed some bills pending in the Legislature.

Major Sandburn was introduced and extended the courtesy of the floor. Dr. W. H. Izlar acting chairman of the program committee, presented the speakers of the evening. Dr. Carlos Lamar read an interesting paper on "The Practical Management of Diabetes." Another interesting paper entitled "The Psychosomatic Matrix" was read by Dr. Jess Cohn.

PASCO-HERNANDO-CITRUS

Dr. P. J. Hudson, Crystal River, entertained the members of the society at the Magnolia Lodge, Thursday evening, June 21. A chicken dinner was served and enjoyed by all present. Dr. J. L. Estes, Tampa, as invited guest, presented an interesting scientific paper. Dr. W. B. Moon, Senator from this district, gave an interesting account of happenings in the Legislature. Official action was taken to adjourn for the summer and the next regular meeting will therefore be held in September, with Dr. G. R. Creekmore of Brooksville as host.

Members present were: Dr. G. R. Creekmore, Dr. P. J. Hudson, Dr. S. C. Harvard, Dr. W. Wardlaw Jones, Dr. W. B. Moon and Dr. W. H. Walters.

PINELLAS

The Pinellas County Medical Society held a round table assembly at the home of Dr. R. E. Dicks on the evening of June 15. The topic discussed was "Gun Shot Wounds." Dr. Dicks acted as moderator.

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MRS. LEIGH F. ROBINSON, District "D"..*Ft. Lauderdale*

DUVAL COUNTY AUXILIARY

The June meeting of the Woman's Auxiliary to the Duval County Medical Society was held in the home of the president, Mrs. Charles F. Henley, 2419 Pineridge Road. Beautiful spring flowers from Mrs. Henley's own gardens adorned the house throughout with a color scheme of pink, rose, blue and green.

Elected to office for the coming year were Mrs. S. M. Copeland, president; Mrs. Archie Caraway, first vice president; Mrs. W. R. Schnauss, second vice president; Mrs. Robert Cleveland, secretary, and Mrs. Leo M. Wachtel, treasurer.

Mrs. Henley presided at the business meeting. Her report for the year was outstanding. She stressed the achievements of each department and paid high tribute to the members for their splendid cooperation, particularly in the work done for service men by furnishing day rooms, conducting a party for convalescent patients, fixing a costume box and supplying 100 Christmas stockings. A rising vote of thanks was given Mrs. Henley for her accomplishments and untiring services to the auxiliary. Those who served under Mrs. Henley's wise leadership were glad to share in the success of her administration for it reflected great credit to the organization.

Other reports of officers and committee chairmen revealed the many activities and projects supported by the auxiliary during the past year. A letter was read from the state president, Mrs. W. C. Williams, expressing her gratitude for the help and support received in planning a "Doctor's Day" program in April. A letter was also read from Miss Nellie Cook, principal of one of Duval County's public schools, thanking the auxiliary for the subscription to Hygeia magazine to be used in the school library.

Mrs. F. W. Krueger, past state president, installed the officers for the coming year in a most impressive ceremony. She stressed the qualifications of leadership and faithfulness to duty, emphasizing the importance of harmony and cooperation in any organization as the keynote to success. She expressed the hope that great progress would be made during the year in spite of the war, and urged members to stand together. In presenting the gavel to Mrs. S. M. Copeland, Mrs. Krueger pledged her own loyalty and support, and said the beautiful corsage tied to the gavel was a gift from the out-going president, Mrs. Charles F. Henley. In a few well chosen words, Mrs. Copeland thanked the members for the high honor conferred upon her when they elected her president, and asked for a continuation of the cooperation and support that had been accorded her predecessor.

Following the meeting members were invited into the dining room where delicious refreshments were served from a beautifully appointed table overlaid with a hand made linen cover, centered with an exquisite arrangement of spring flowers. Mrs. F. W. Krueger presided over the punch bowl.

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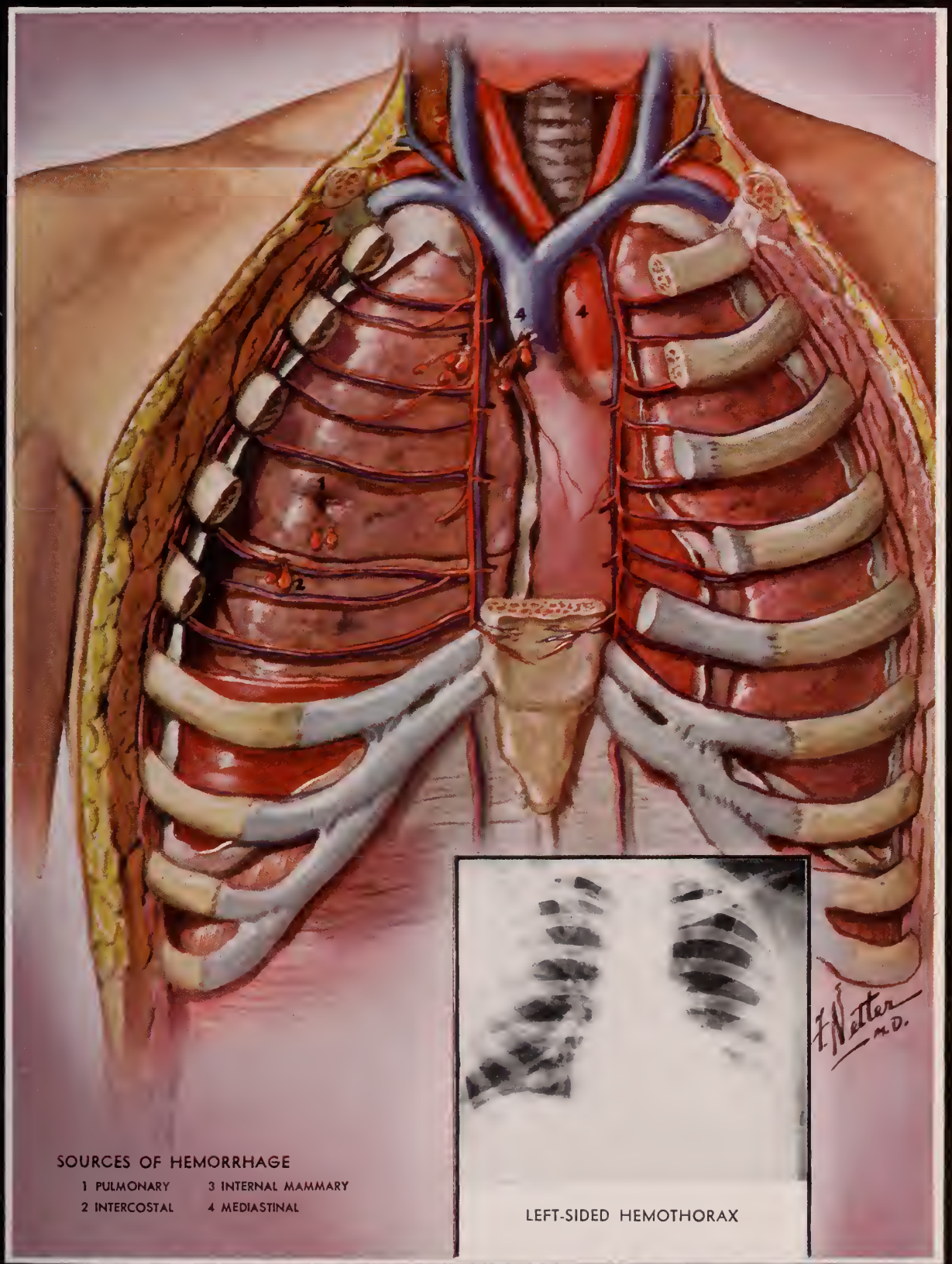
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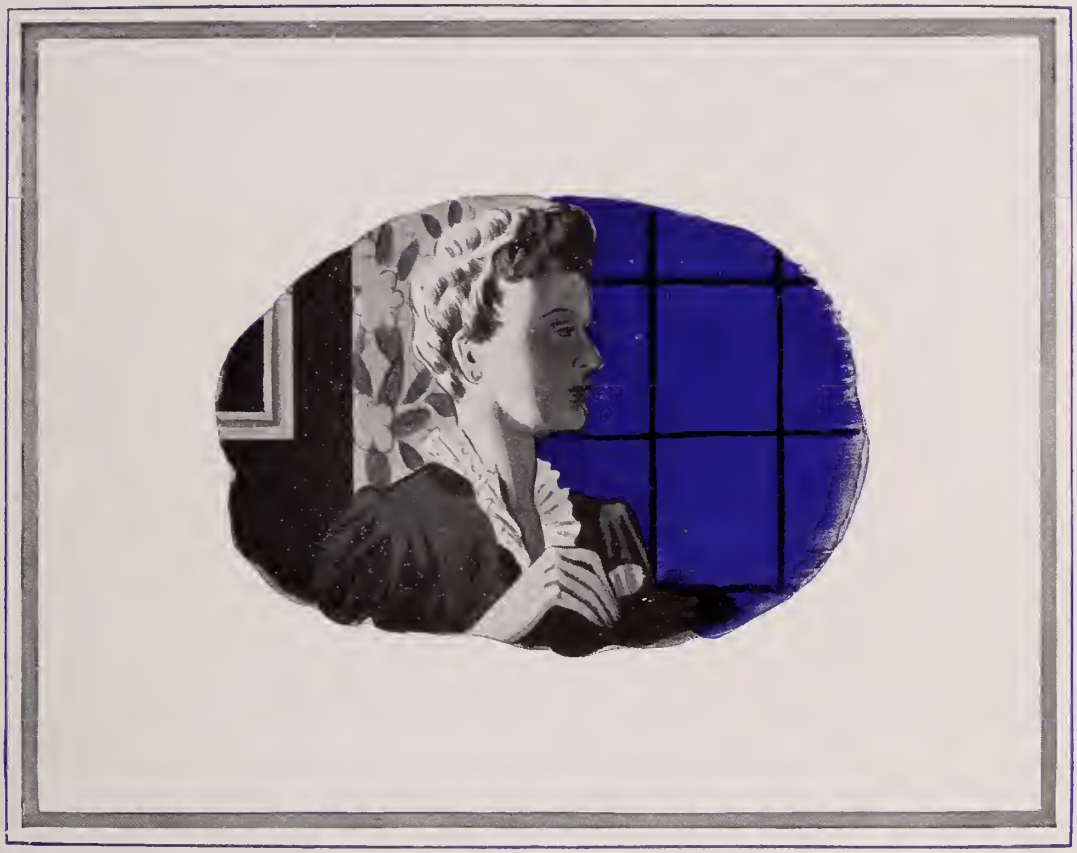
SCHEDULE OF MEETINGS

ORGANIZATION	PRESIDENT	SECRETARY	ANNUAL MEETING
orida Medical Association	John R. Boling, Tampa	Robert B. McIver, Jacksonville	Jacksonville, Canceled
orida Medical Districts:			
A—Northwest	Courtland D. Whitaker, Marianna	Stewart Thompson, Jacksonville	Tallahassee, Postponed
B—Northeast	L. Y. Dyrenforth, Jacksonville	" " "	Ocala, Postponed
C—Southwest	Edgar Watson, Lakeland	" " "	Sarasota, Postponed
D—Southeast	William Y. Sayad, W. Palm Beach	" " "	Miami. Postponed
nerican Medical Association	Herman L. Kretschmer, Chicago	Olin West, Chicago	Canceled
uthern Medical Association	E. Vernon Mastin, St. Louis	Mr. C. P. Loranz, Birmingham	
abama Medical Association	Walter F. Scott, Birmingham	D. L. Cannon, Montgomery	
eorgia, Medical Assn. of	Cleveland Thompson, Millen, Ga.	E. D. Shanks, Atlanta	Macon, Canceled
orida—			
Section, Am. College Phys.	Meredith Mallory, Orlando	Rollin D. Thompson, Orlando	Jacksonville, Canceled
Basic Science Exam. Board	M. W. Emmel, D.V.M., Gainesville	J. F. Conn, Ph.D., DeLand	DeLand, Nov. 3, 1945
Dental Society, State	Fred O. Conrad, D.D.S., Tallahassee	A. J. Fillastre, D.D.S., Lakeland	
Derm. and Syph., Soc. of	J. Frank Wilson, Jacksonville	Wesley W. Wilson, Tampa	
East Coast Medical Association	T. C. Kenaston, Cocoa	I. M. Hay, Melbourne	Postponed
Hospital Association	Mr. Dewitt Miller, Orlando	Mr. R. G. Bowen, Orlando	
Hospital Service Corporation	Mr. W. E. Arnold, Jacksonville	Mr. H. A. Cross, Jacksonville	
Industrial Surgeons, Assn. of	Kenneth A. Morris, Jacksonville	A. M. Bidwell, Tampa	
Medical Examining Board	J. B. Kollar, Vero Beach	H. D. Van Schaick, Miami	Jacksonville, Nov. 26-27, 1945
Medical Postgraduate Course	Turner Z. Cason, Jacksonville	Chairman	
Nurses Association, State	Mrs. C. Lindabury, Miami Beach		
Ophthal. & Otol., Soc. of	C. E. Dunaway, Miami	Wm. Y. Sayad, West Palm Beach	
Pathological Society	L. Y. Dyrenforth, Jacksonville	Iva C. Youmans, Miami	
Pediatric Society	Ludo von Meysenbug, Daytona B.	Robert Blessing, Ft. Lauderdale	
Pharmaceutical Association, State	Mr. H. B. Douglas, Bonifay	Mr. R. Q. Richards, Ft. Myers	Miami, Postponed
Public Health Association	W. W. Rogers, M.D., Jacksonville	E. M. L'Engle, Jacksonville	Gainesville, Dec. 2-4, 1945
Radiological Society	Walter A. Weed, Orlando	Chas. M. Gray, Tampa	
Railway Surgeons' Association	Frank D. Gray, Orlando	W. C. Page, Cocoa	Postponed for Duration
Tuberculosis & Health Assn.	Mrs. Alexander Blair, Lake Placid	Mrs. May Pynchon, Jacksonville	
attahoochee Valley Med. Assn.	Herbert E. White, St. Augustine	Robert B. McIver, Jacksonville	Postponed
lf Coast Clinical Society	G. G. Oswalt, Mobile, Ala.	C. L. Rutherford, Mobile, Ala.	Postponed
E. Sec., Am. Cong. Phys. Ther.	John J. McGuire, Pensacola	Kenneth Phillips, Miami	Postponed
outheastern Surgical Congress	Alton Ochsner, New Orleans	B. T. Beasley, Atlanta	Postponed for Duration
wannee River Medical Society	L. J. Arnold, Jr., Lake City	H. S. Howell, Lake City	

	SOCIETY	PRESIDENT	SECRETARY	MEETING DATE	MEMBERS Total	MEMBERS Paid	COUNCILOR
A	Bay	Don S. Fraser, M.D. 456 Grace Ave. Panama City	J. O. Barfield, M.D. County Health Unit Panama City		12	4	
	Escambia *Santa Rosa*	Thurlow W. Reed, M.D. County Health Unit Pensacola	Lee Sharp, M.D. 24 W. Chase St. Pensacola	2nd Tuesday 8:00 P.M.	48	47	A-1-45 C. D. Whitaker, M.D. Marianna
	Franklin-Gulf	T. Mcriwether, M.D. Wewahitchka	J. R. Norton, M.D. Port St. Joe	3rd Tuesday Odd Months	6	100%	
	Jackson *Calhoun*	D. A. McKinnon, M.D. Marianna	C. A. Adams, Jr., M.D. Marianna	2nd Tuesday 7:30 P.M.	12	100%	
	Walton-Okaloosa	E. L. Huggins, M.D. DeFuniak Springs	A. G. Williams, M.D. Lakewood	3rd Thursday 8:00 P.M.	6	100%	
	Washington-Holmes	N. J. Dawkins, M.D. Vernon	B. W. Dalton, M.D. Vernon		6	100%	
B	Columbia *Baker, Hamilton*	William S. Nichols, M.D. Lake City Pharm. Bldg. Lake City	Thomas H. Bates, M.D. Blanche Hotel Annex Lake City	1st Monday 7:30 P.M.	14	100%	A-2-46 G. Wilmot Brown, M.D. Tallahassee
	Leon-Gadsden-Liberty-Wakulla-Jefferson	John L. Williams, M.D. Tallahassee	G. H. Garmany, M.D. Midyette-Moor Bldg. Tallahassee	Quarterly 8:00 P.M.	39	36	
	Madison-Suwannee	Eustace Long, M.D. Madison	E. D. Thorpe, M.D. Madison		10	9	
	Taylor *Dixie. Lafayette*	W. J. Baker, M.D. Foley	C. A. O'Quinn, M.D. Perry	Last Friday 8:00 P.M.	4	100%	
C	Alachua *Bradford, Gilchrist, Union*	H. M. Merchant, M.D. 106 W. Main St., S. Gainesville	Stuart D. Scott, M.D. Gainesville	2nd Wednesday 7:30 P.M.	27	25	B-3-45 L. Y. Dyrenforth, M.D. Jacksonville
	Duval *Clay*	J. M. Bryant, M.D. 303 Medical Arts Bldg. Jacksonville 2	Leo M. Wachtel, M.D. 352 St. James Bldg. Jacksonville 2	1st Tuesday 8:15 P.M.	200	199	
	Marion *Levy*	C. W. Mimms, M.D. Ocala	B. F. Drake, M.D. Professional Bldg. Ocala	3rd Wednesday 12:30 P.M.	26	100%	
	Nassau	D. G. Humphreys, M.D. Fernandina	John W. McClane, M.D. Fernandina	2nd Wednesday 8:00 P.M.	6	5	
	Putnam	E. W. Ford, M.D. Crescent City	B. E. Kane, M.D. Crescent City	2nd Tuesday Even Months 7:00 P.M.	9	100%	
	St. Johns	Charles C. Grace, M.D. East Coast Hospital St. Augustine	Donald T. Rankin, M.D. East Coast Hospital St. Augustine	3rd Tuesday 8:30 P.M.	12	100%	
	Brevard	A. F. Thomas, M.D. 416 Brevard Ave. Cocoa	I. K. Hicks, M.D. Melbourne	3rd Wednesday	10	8	B-4-46 C. McK. Tyre, M.D. Eustis
	Lake *Sumter*	H. S. Cherry, M.D. Center Hill	R. H. Williams, M.D. Eustis	1st Thursday 12:30 P.M.	17	14	
	Orange *Osceola*	Roland T. White, M.D. 211 S. Rosalind Ave. Orlando	Albert C. Kirk, M.D. 823 E. Colonial Dr. Orlando	3rd Wednesday 8:00 P.M.	96	100%	
	Seminole	James A. Smith, M.D. 112 W. 20th St. Sanford	Leland H. Dame, M.D. Co. Health Unit Sanford	2nd Tuesday 5:30 P.M.	13	100%	
	Volusia *Flagler*	Geo. M. Green, M.D. Medical Bldg. Daytona Beach	R. L. Miller, M.D. 258½ S. Beach St. Daytona Beach	2nd Tuesday 7:30 P.M.	41	27	
D	Hillsborough	Edward Smoak, M.D. 315 Citizens Bldg. Tampa 2	Charles M. Gray, M.D. 306 Citizens Bldg. Tampa 2	1st Tuesday 8:00 P.M.	113	110	C-5-46 W. Wardlaw Jones, M.D. Dade City
	Manatee	M. M. Harrison, M.D. Professional Bldg. Bradenton	L. W. Blake, M.D. Bradenton	3rd Tuesday 7:00 P.M.	13	12	
	Pasco-Hernando-Citrus	William B. Moon, M.D. Crystal River	G. R. Creekmore, M.D. Brooksville	2nd Thursday 7:00 P.M.	11	100%	
	Pinellas	Arthur J. Bieker, M.D. 627 11th St. N. St. Petersburg 6	W. C. McConnell, M.D. 313 First Federal Bldg. St. Petersburg 4	1st and 3rd Fridays 6:30 P.M.	111	100%	
	Sarasota	Frank L. Hall, M.D. 252 Arlington Ave. Sarasota	J. M. Butcher, M.D. 209 Commercial Court Sarasota	2nd Tuesday 8:30 P.M.	20	19	
	DeSoto-Hardee-Highlands-Charlotte-Glades	M. C. Kayton, M.D. Wauchula	C. H. Kirkpatrick, M.D. Box 454 Arcadia	Annually for Duration	20	100%	C-6-45 Edgar Watson, M.D. Lakeland
	Lee *Collier, Hendry*	C. G. Merrick, M.D. 26 Leon Bldg. Fort Myers	W. A. Harrison, M.D. 1029 First St. Fort Myers	3rd Tuesday 7:30 P.M.	18	100%	
	Polk	T. H. Roberts, M.D. Box 425 Lakeland	Edgar Watson, M.D. Box 1021 Lakeland	2nd Wednesday 1:00 P.M.	62	58	
D	Palm Beach	Edgar W. Stephens, M.D. 910 Harvey Bldg. W. Palm Beach	David W. Martin, M.D. 618 Comeau Bldg. W. Palm Beach	4th Monday 8:00 P.M.	67	100%	D-7-45 William Y. Sayad, M.D. West Palm Beach
	St. Lucie-Okeechobee-Indian River-Martin	L. L. Whiddon, M.D. 200 Peacock Bldg. Ft. Pierce	Adrian M. Sample, M.D. Box 176 Ft. Pierce	3rd Thursday 8:00 P.M.	16	15	
	Broward	Roland F. Fisher, M.D. 1215 S. E. 2nd Ave. Ft. Lauderdale	O. C. Brown, M.D. 915 Sweet Bldg. Fort Lauderdale	2nd Tuesday 8:00 P.M.	47	100%	D-8-46 E. M. Hendricks, M.D. Ft. Lauderdale
	Dade	Scheffel Wright, M.D. 605 duPont Building Miami 32	George C. Austin, M.D. 140 N. W. 59th St. Miami 38	1st Tuesday 8:30 P.M.	349	323	
	Monroe	Harry C. Galey, M.D. 532 Fleming St. Key West	Leonard H. Conly, M.D. 523 Eaton St. Key West	1st Sunday 9:00 P.M.	8	6	

*Supervise and aid until organized separately.

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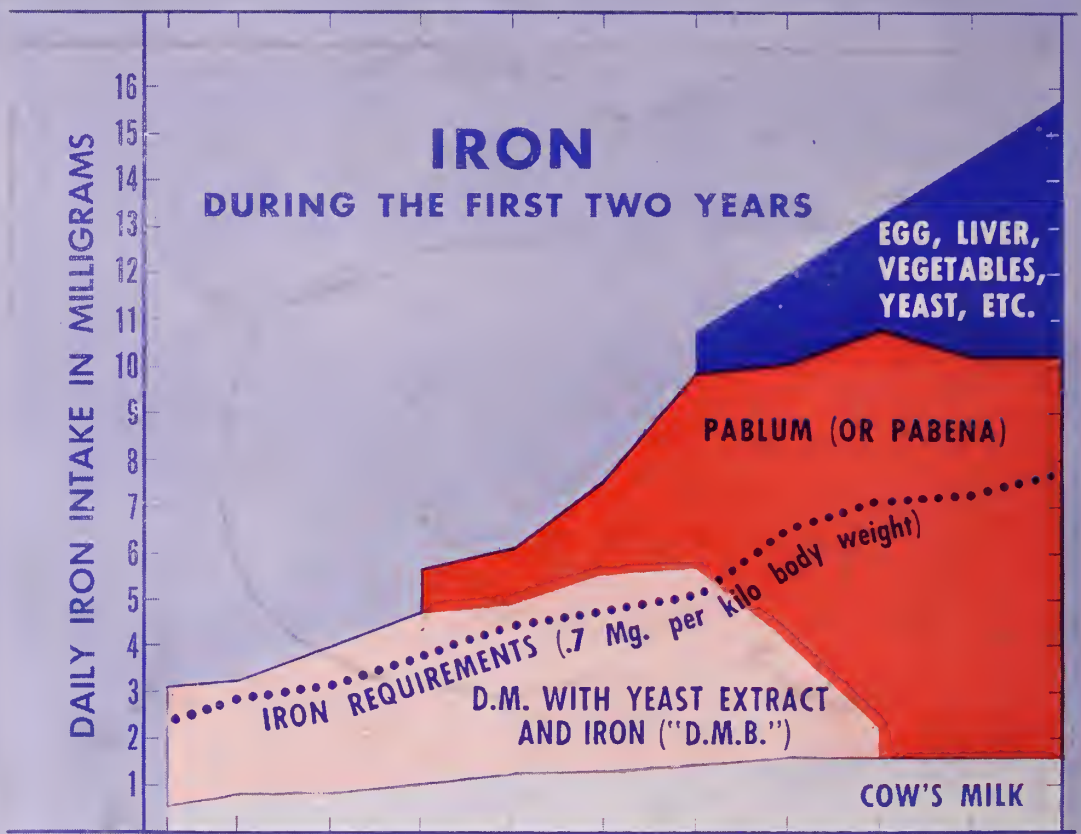
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The JOURNAL of the Florida Medical Association, Inc.

Vol. XXXII SEPTEMBER, 1945 No. 3

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John E. Shay

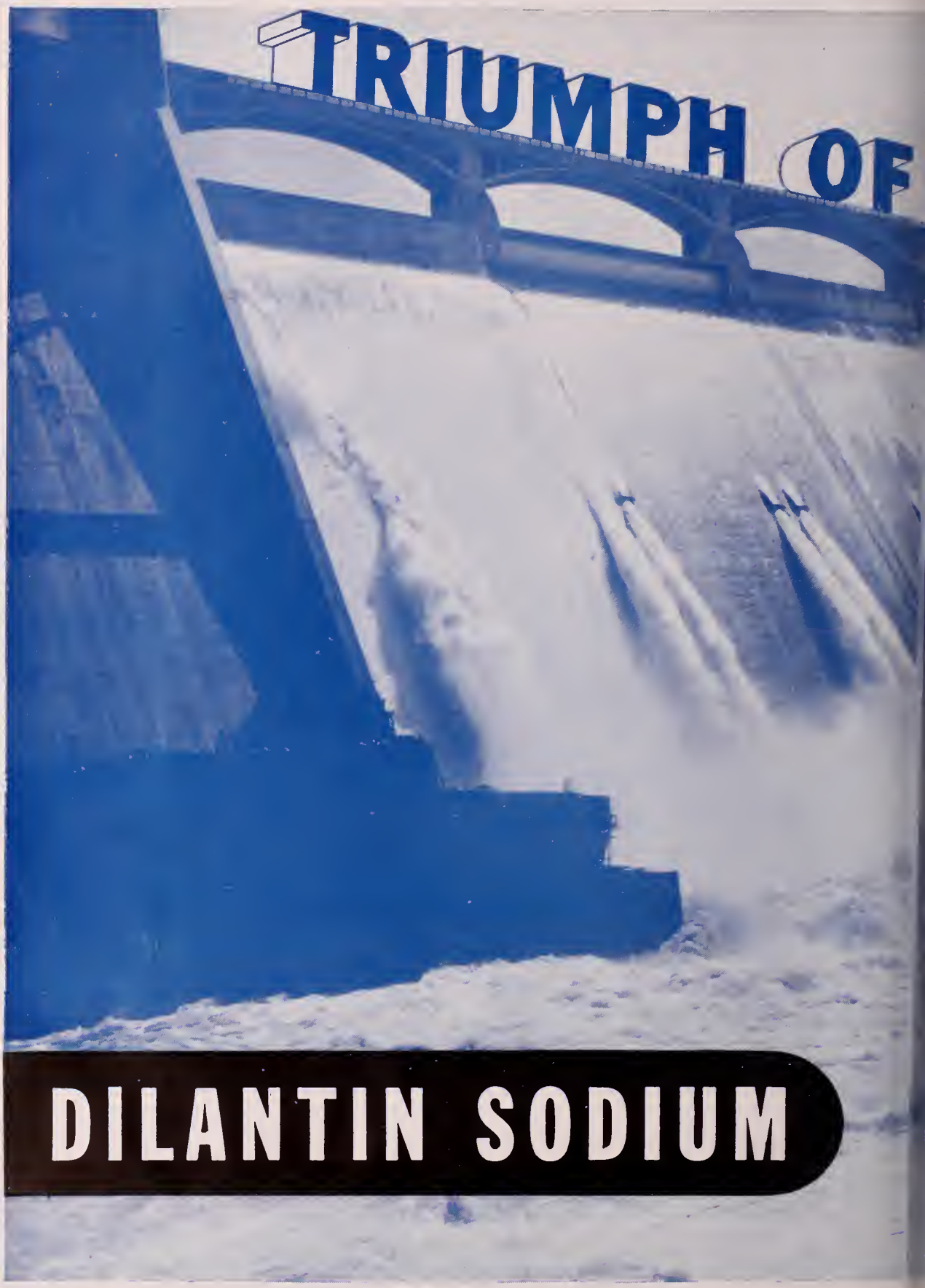
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**Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154*
Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60
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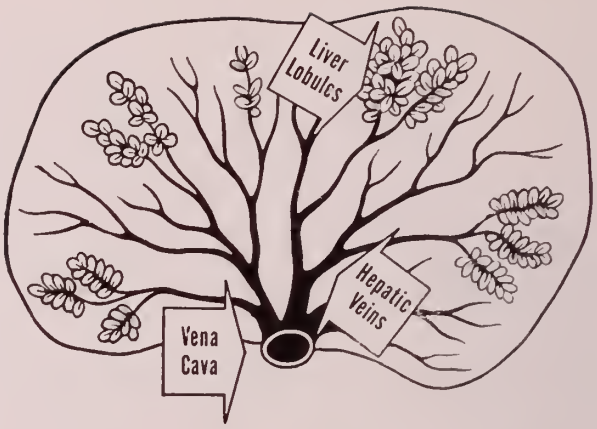
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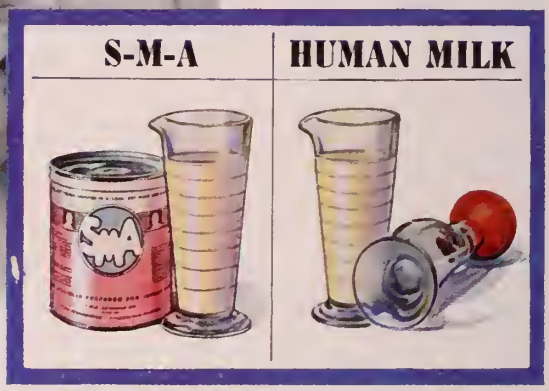


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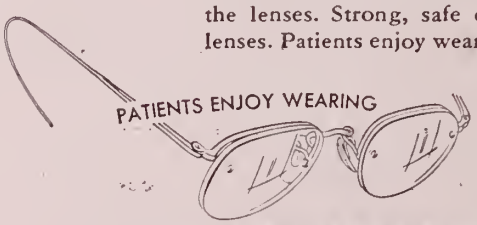
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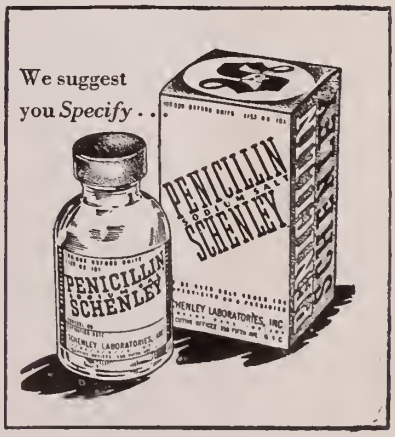


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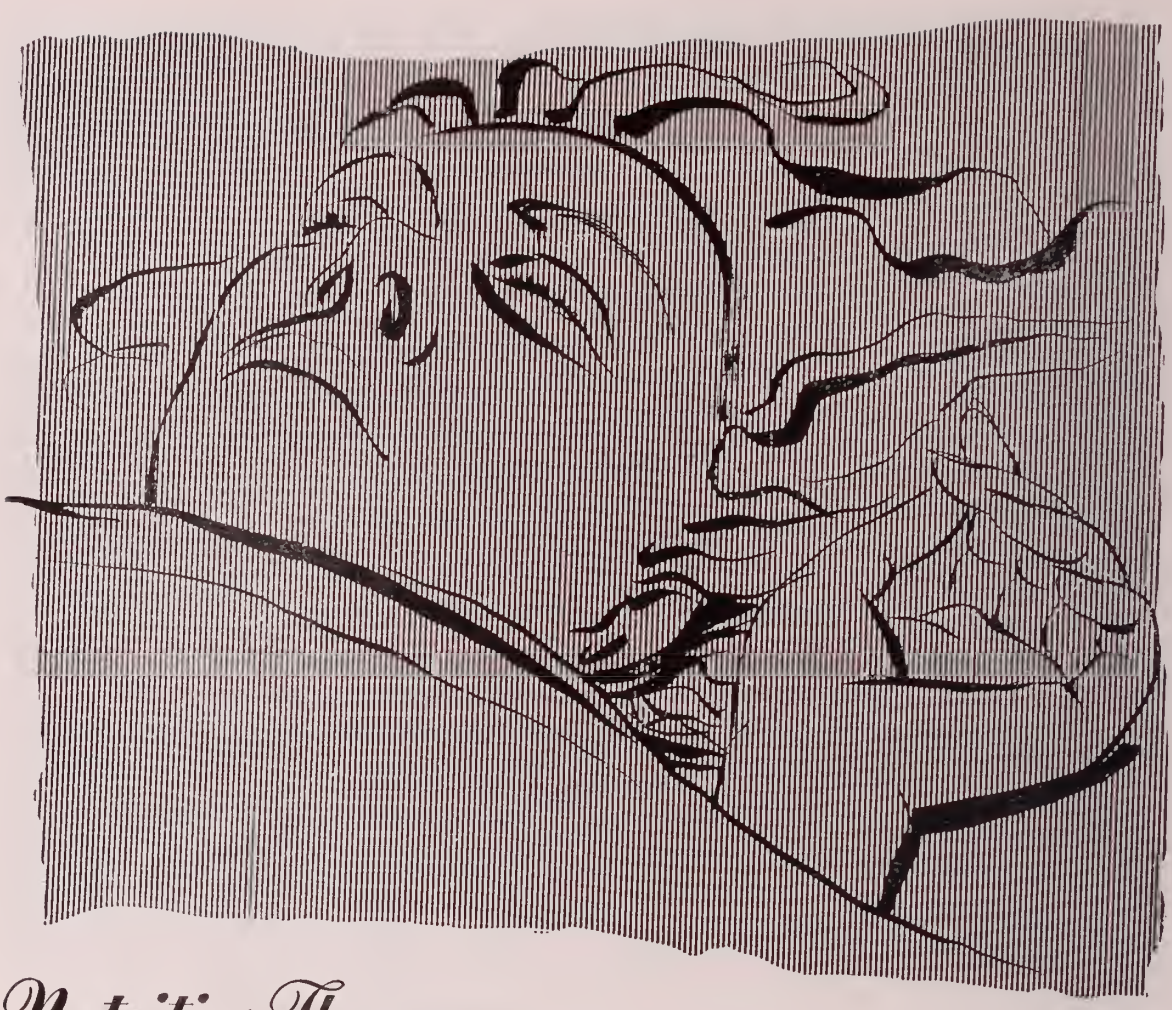


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(1). Spies, Tom D.; Cogswell, Robert C., and Vilter, Carl: J.A.M.A. (Nov. 18) 1944. Spies, Tom D.: Med. Clin. N. Am. 27:273, 1943. (2). Jolliffe, Norman, and Smith, James J.: Med. Clin. N. Am. 27:567 (March) 1943.

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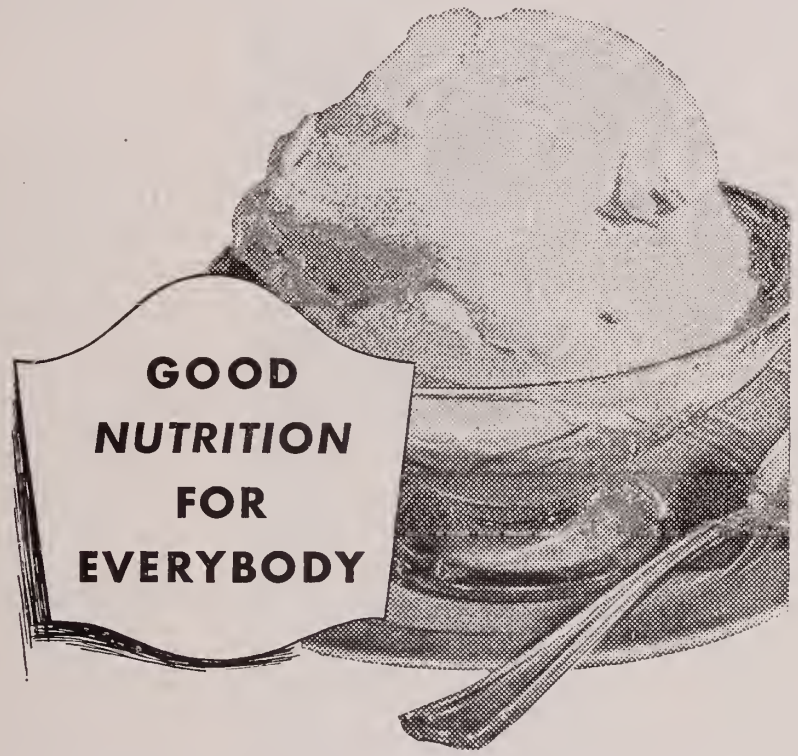
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ACUTE RHEUMATIC FEVER

JOHN E. SHAY, M.D.
ST. PETERSBURG

Physicians do not see many cases of acute rheumatic fever in Florida as compared with other sections of the country, especially around the Great Lakes and in the New England states. The large number of cases occurring in the various army camps and the realization of what a serious disabling disease this is, have recently brought before the public, and especially the medical profession, the fact that this problem should gain much more recognition. All pay particular attention to polio, and a tremendous amount of publicity is rightly given to it in the press and over the radio. The nation has just completed the March of Dimes campaign for this cause; yet, in a survey made in New York state, there were five times more deaths from rheumatic disease of the heart than from whooping cough, measles, epidemic meningitis and polio combined. Far more children are crippled by polio than succumb to the disease, but they go on later, for the most part, to a life of economic security. There are many times more cripples with rheumatic disease of the heart who are economically limited and incapacitated. A single attack of polio offers the sufferer lifelong immunity, whereas one attack of rheumatic fever greatly enhances the possibility of subsequent attacks. In other words, the economic importance of rheumatic fever is apparently much greater than that of polio; yet, up to now, there has been a striking difference in the attention given to the two diseases by laymen and physicians alike.

Acute rheumatic fever is an acute infection directly related in a causative sense to the development of cardiac disease, particularly in younger people. The term acute rheumatic fever is really a misnomer. The disease is often subacute or chronic. There may be no rheumatism or pains. The fever may, in some cases, be slight or absent.

The exact etiology is unknown. Whether the disease is a sequel to a group A hemolytic streptococcus infection, the result of congenital susceptibility, the result of climatic or meteorologic factors or a combination of them, or due to an agent as yet undiscovered, is yet unknown. It is known that it commonly follows, in from seven to fourteen days, tonsillitis, sore throat, or disease of the upper part of the respiratory tract. In fact, the usual sequence of events is a streptococcus infection, a quiescent period, then rheumatic fever. Are group A hemolytic streptococci the only infectious agents responsible, do they activate some other specific microorganism or virus, or do they act in concert with such an agent? This question has not been determined. Some investigators say that overcrowding and poverty tend to increase the incidence of the disease.

An attack usually sets in abruptly following a streptococcus infection or an infection of the upper part of the respiratory tract with fever and sometimes a light chill or feeling of malaise. Polyarthritis, with involvement of one joint after another and the complete subsidence of the involvement of the previously affected joint, is one of the most diagnostic symptoms. The pulse is accelerated out of proportion to the degree of fever. There is usually profuse sweating, leukocytosis and increased sedimentation rate. A distinctive skin rash and subcutaneous nodules are also present in many cases. There is a tendency to anemia and loss of weight, particularly if the attack is of reasonably long duration. Occasionally, frequent epistaxis or vomiting spells have been regarded by some as atypical symptoms of the disease. When I was in the North, I remember physicians were always suspicious of unexplained fatigue, on very little effort, in an otherwise active child.

The fact that now and then patients in adult life are observed with a rheumatic heart, particularly mitral stenosis, makes one believe that a good many cases of rheumatic fever are unrecognized in early life. A carefully taken history may elicit an account of a time when fever or malaise with possibly slight pains in the joints lasting a day or two had occurred years before and was attributed to one of the many upsets so commonly seen in children, such as errors in diet, growing pains and the like. There is no doubt that many cases of the extremely moderate type go unrecognized unless the physician is rheumatic fever conscious and living in the section where the incidence of the disease is high.

The treatment of rheumatic fever is, at pres-

Read before the Pinellas County Medical Society, Feb. 2, 1945.

ent, entirely symptomatic. It depends on whether the disease is acute or chronic, whether active or inactive, whether with cardiac damage or no damage. The main object is to get the patient through the acute attack without any, or as little, cardiac damage as possible. Time will not permit me to go into the treatment of the various phases of myocardial and valvular changes resulting from the disease. I will confine this paper to the treatment of the acute attack. The patient should be confined to bed. To combat the fever and pain, the drug of choice seems to be the salicylates in as large doses as can be tolerated. Recent surveys indicate that giving sodium bicarbonate along with the salicylates tends to lower the salicylate level in the blood and thus to slow response. The joints, if painful, should be supported by pillows, and frequently it is necessary to place a hood over the feet and legs, as the weight of the bedclothes is depressing. In some instances, the pain may be so severe as to require small doses of opiates. All the support possible to spare the vitality is needed in combating a disease which tends to become chronic. Attention to the bowels, a liberal and nutritious diet, treatment for the anemia if it develops, attention to the skin if there is a great deal of sweating, all are routine and necessary for the comfort and well-being of the patient.

Some observers were of the opinion that large doses of vitamins, especially A, C and D, are important as is a diet rich in calcium, phosphorus and iron. One author, noting that diabetes and rheumatic fever rarely occur together, thought that a state of hyperinsulinism exists in rheumatic fever, and so gave a diet rich in protein and low in carbohydrates. The insulin output in the body is thereby reduced, and this author claimed to have followed cases through two winters with no return of the fever. The sulfonamides and penicillin do not seem to have any influence on alleviating the symptoms of an acute attack. As in all cases in which the etiology is unknown, there are various ideas and fads, but no specific that has stood the test of time.

When to let the child up is an important decision one has to make. A complete understanding between physician, patient, if old enough, and parents is essential. Lack of understanding of the disease leads to lack of cooperation, a tendency to change from physician to physician and, most important of all, failure to obtain the primary purpose of treatment, mainly to get through the attack with little or no cardiac damage. It is not hard to keep an acutely ill child in bed, but after the fever subsides, and the blood count, heart rate and sedimentation rate return to normal and the child is apparently over the attack, and this may take months, there is a tendency to let him enjoy some of the things denied him. In consequence, it is easy to tear down some of the results that it took months to build up. The average safe period to continue to maintain complete bed rest seems to be a minimum of at least a month. The problem of returning to school takes in the distance to travel, the nature of the intervening terrain, the situation of the classroom, the tendency for dampness or getting chilled, the amount of exercise allowed and many other factors too numerous to go into at this time. Every detail as to life, habits and mode of living, is essential.

I cannot close without making some mention of prophylaxis. Several authors have reported good results in decreasing the recurrence of rheumatic activity by giving sulfa drugs continually during those periods of the year when there is a high incidence of respiratory and streptococcus infections. Now recently, the army air force has made experiments in the use of the sulfonamides. The investigators noticed that a high rate of rheumatic fever is always preceded by a high incidence of hemolytic streptococcus infections. By using sulfadiazine prophylaxis, a 50 to 75 per cent reduction in the incidence of infection of the upper part of the respiratory tract and streptococcus infection has been accomplished, and the reduction of the incidence of rheumatic fever parallels that of the diseases of the upper part of the respiratory tract and the diseases of streptococcal origin. The question of tonsillectomy as a prophylactic measure is often debated. In Rochester, N. Y., a few years ago, wholesale tonsillectomies were done. These cases have been followed, but to date nothing definite can be stated to the effect that this measure has prevented rheumatic fever. In several cases in which the tonsils were removed the disease has developed. Removal of the tonsils probably has cut down a possible focus for streptococcus infection and infections of the upper part of the respiratory tract.

I realize fully that, in attempting to discuss a subject of such magnitude and importance as rheumatic fever in a limited time, many aspects cannot be gone into with the thoroughness that their importance merits. I hope that this rather sketchy review will stimulate thought and dis-

cussion on a subject that I am sure will occupy more of the attention of the profession and the public in the not too distant future.

807 Fla. Power Bldg.

A MODIFICATION OF THE TYDING AND THE TIVNEN TONSIL-SEIZING FORCEPS

R. R. KILLINGER, M.D.
JACKSONVILLE

Several years ago I had a local surgical supply company attach an old tongue depressor blade to the under side of a Tyding tonsil-seizing forceps. The result was so satisfactory that I then had a larger blade attached to a Tivnen tonsil-seizing forceps. Such an attachment could be applied equally well to similar instruments.

As shown in the photograph, a tongue depressor blade is solidly attached to the under shank of the forceps for a distance of 5 cm. extending forward from a point 1 cm. beyond the hinge. It is 17 mm. wide and curved down slightly at the forward end. This device will be appreciated by those who use the Jenning or similar mouth gags in the performance of a tonsillectomy.



The advantage I have found in using this improved forceps routinely in the course of performing several hundred tonsillectomies is that one instrument is used in simultaneously depressing the tongue and giving a clear field for grasping the upper pole of the tonsil. The clear field facilitates the dissection of the tonsil downward. If a snare is used, the attachment does not hinder passage of the loop over the tonsil holder in the usual way.

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A HISTORY OF MEDICINE IN DUVAL COUNTY

PART VI

WEBSTER MERRITT, M.D.
JACKSONVILLE

Toward the end of the eighteen-sixties Jacksonville was growing vigorously. In 1869 a note in a local paper told of plans for another hotel, the town's seventh.[158] The census of 1870 reported nearly 7,000 inhabitants while that of 1860 had shown only 2,000.[159] In Hawk's Jacksonville Directory for 1870, nineteen physicians are listed as practicing in the town, but not all of these were doctors of medicine. Probably about half belonged to the Duval County Medical Society.*

This growth and development of Jacksonville presented medical problems that needed to be solved. More adequate care of the sick required better organization and equipment. There was no statewide organization, and the town had practically no hospital facilities.

FOUNDING OF THE FLORIDA MEDICAL ASSOCIATION

During the early eighteen-seventies it became more and more obvious that there was need for medical organization in the state and for a representative body of physicians who would govern equitably the affairs of medicine. Realizing this need, the Duval County Medical Society in November, 1873, sent out a call to the other medical societies and to individual members of the profession throughout the state. As a result of this call, the Florida Medical Association was founded in Jacksonville on January 14, 1874.[160]

The meeting was held in the home and office of Dr. A. S. Baldwin on the northeast corner of Adams and Laura streets. Dr. George W. Betton of Tallahassee was elected temporary chairman, and Dr. F. P. Wellford was appointed temporary secretary. Drs. R. P. Daniel and R. B. Burroughs, appointed as a committee on credentials, reported the following present, and advised that they should be considered members of the convention:

Columbia County Medical Society: Dr. T. W. Carter, Dr. M. M. T. Hutchingson.

Duval County Medical Society: Dr. A. S. Baldwin, Dr. R. P. Daniel, Dr. F. P. Wellford.

Leon County Medical Society: Dr. G. W. Betton, Dr. R. B. Burroughs.

Marion County Medical Society: Dr. T. P. McHenry.**

*The society had eight members in the fall of 1865.

**Dr. McHenry lived in Newnansville, then in the northern part of Alachua County, but now extinct. There was no Alachua County Medical Society then and Gainesville, having been founded about 1858, was still a very small town. Dr. McHenry died in 1875.

NASSAU COUNTY MEDICAL SOCIETY: Dr. E. G. Clay.
SAINT JOHNS COUNTY MEDICAL SOCIETY: Dr. J. Peck.

On motion of Dr. Baldwin an organization was effected under the title of *The Medical Association of the State of Florida.* The Constitution and By-Laws of the Medical Association of Georgia were adopted until a suitable substitution could be provided at the next annual meeting.

Dr. Betton, the temporary chairman, appointed Drs. R. B. Burroughs, E. G. Clay and R. P. Daniel to nominate permanent officers for the Association. Their report was as follows:

For President—Dr. A. S. Baldwin of Duval County.

For First Vice President—Dr. G. W. Betton of Leon County.

For Second Vice President—Dr. Robert Harrison* of Nassau County.

For Secretary and Treasurer—Dr. F. P. Wellford of Duval County.

The report of the committee on permanent organization was adopted, and the officers nominated were elected unanimously for the ensuing year. The Association was called to order by its first president, Dr. Baldwin, who addressed the body eloquently.

On motion, the officers of the society were appointed to prepare a constitution and by-laws for presentation at the next annual meeting. President Baldwin was authorized to appoint delegates to the American Medical Association and he was empowered to select the time and place for the next annual meeting of the society.

*Following his nomination, Dr. Harrison, on motion from the floor, was elected a member of the Association.

The following were nominated and unanimously elected charter members of the Association:

Fernandina: Dr. J. D. Palmer. Jacksonville: Dr. Columbus Drew, Dr. J. D. Fernandez, Dr. E. T. Sabal, Dr. A. J. Wakefield. Newnansville: Dr. J. H. Williams. Palatka: Dr. J. C. Hill. Saint Augustine: Dr. Andrew Anderson, Dr. Lewis Pacetti, Dr. William Shine. Tallahassee: Dr. J. M. Carn, Dr. A. L. Randolph, Dr. J. H. Randolph. Dr. Richard Gardener.*

Thus ended the first meeting, and thus was the Florida Medical Association founded.[160, 161, 162]

During the second meeting of the Association, held in Jacksonville on February 17 and 18, 1875, several noteworthy events took place. We shall do well, perhaps, to study some of these events.

The Constitution and By-Laws, presented by the officers of the Association, was adopted as a whole with little change, was engrossed and was signed by the members present.**

In the evening of the first day of the meeting, Dr. John P. Wall of Tampa presented an interesting and well prepared paper on "Preventive Medicine." This paper is not available now, but

*Dr. Gardener, whose name was spelled variously, Gardener, Gardner and Gardiner, died in 1875. We have no record of his home city.

**Article II of the Constitution of the Florida Medical Association reads as follows: "The object of this Association shall be to organize the Medical Association throughout the State in the most efficient manner, to promote union, harmony and good feeling among the members, to establish and maintain a high standard of professional acquirement and ethics, and to inspire interest and zeal for the cultivation of medical science and literature." By maintaining this high objective since its founding, the Association has proved itself to be an outstanding organization and has played a major role in the maintenance of the practice of medicine in Florida on a highly ethical basis. Through the years it has been a well observed fact that the Association has received the interest and consistent support of the truly outstanding physicians of the state.



Dr. Baldwin's home and office where the Florida Medical Association was founded in 1874.

apparently it was the substance of an article which was published in the Semi-Tropical for October, 1875, entitled "The Public Health." In this paper Dr. Wall recommended quarantine by "the General Government," which was to be maintained by a "State Board of Health." Dr. Wall stated:

> The duty of preserving the health and lives of its citizens from the causes of disease is as incumbent on the state as is that of suppressing rapine and murder . . . one has no adequate conception of how much of the sickness and consequently death, are preventable; those diseases that daily come under observation in any thickly settled state are for the most part preventable . . . several of the states have already established Boards of Health and it is highly important that they should . . . The question of public hygiene, like that of quarantine, is too important to be left exclusively to the optional control of the local authorities whose action would too often be based on the crude or erroneous opinions and suggestions of some medical man whose knowledge might be as limited as theirs . . . the state should establish a Board of Health, the majority, at least, consisting of its best medical talent, whose duty it should be to investigate the causes of sickness and recommend such measures as may likely prove useful in abating them. In all matters pertaining to the preservation of the public health the local authorities should be compelled to execute their orders. They should see that competent and fit men were appointed and . . . have power to remove and reappoint. A local health officer should be appointed for every city, town and county, whose duty should be to promote public hygiene and give such information to the Board of Health as to causes of sickness or other matters as might be important for them to know . . . The time is fast hastening when the preservation of the public health will become one of primary consideration in all enlightened governments.*[163]

The following evening, the committee on vital statistics reported the draft of a bill for the establishment of a "State Board of Health" and recommended that the Association express its sense of the importance of such enactment by resolution or memorial. The duty of presenting the subject by memorial to the legislature was assigned to the following committee: Drs. J. P. Wall, A. J. Wakefield, R. D. Murray, R. B. Burroughs and J. S. Bond.

On the second day of the meeting, Dr. Baldwin delivered the annual address, entitled "The Climatology of Florida." The subject matter, which was handled skillfully, made it apparent that a great deal of observation and painstaking recording had gone into the work. When the address was published in the Proceedings of



Dr. Abel Seymour Baldwin, first president of the Florida Medical Association.

the Florida Medical Association, it occupied thirty-seven pages. In summarizing the address Dr. Baldwin said:

> [The] temperature . . . has been found excessive in neither extreme throughout the entire year . . . Atmospheric disturbances of a serious character are not as frequent here as either north or south of us . . . The regularity of barometric pressure in its relation to temperature shows that there is remarkable and equable relation existing between the two. The humidity of the atmosphere has been shown to exist to such an extent as to prevent those extreme diurnal variations of temperature which are inimical to both comfort and health, and on the other hand the absolute amount of water in the atmosphere is too small to render it objectionable to even delicate lungs. The fall of rain occurs principally in showers, during the summer and autumn, when the agricultural interests most require it. The winter is the dryest season and the spring next, in the latter part of which it is sometimes quite dry. The showers which occur in summer are of short duration, and come on with considerable regularity, making the summer more pleasant and the air pure and cool. The atmosphere . . . is comparatively calm and what winds we do have are seldom of a violent or destructive character. We have on an average about twenty clear days in the month, or about two hundred and forty in the year. The electric tension of the atmosphere has been considered one of the elements of climate, but . . . I have not deemed its influence sufficiently important to make it the subject of special study in connection with meteorology. I have kept a record of thundershowers and from that I find that most of them have occurred in the spring, summer and autumnal months and very few in the winter. Sometimes we have cloud lightning, without audible thunder, on the horizon in the evening. We have occasionally had some beautiful exhibitions of the Aurora Borealis, some of which might be termed gorgeous. Meteors and shooting stars are not unfrequently observed . . . There may be some admixture of saline matter near the seashore as some vegetables will not grow there . . . Florida is happily free from many of the diseases which are prevalent elsewhere. The only records to

*In 1873, a half-hearted attempt had been made to establish a State Board of Health by the introduction of a bill in the state legislature, by Senator Howe, asking for an appropriation of $200. The bill got nowhere. So far as the author can determine, Dr. Wall's was the first strong voice to be raised in favor of a State Board of Health. Thus, though never having received credit, Dr. John P. Wall of Tampa properly might be called the father of the Florida State Board of Health. The actual founding of the State Board of Health did not take place until fourteen years later, in 1889, and then primarily because of the Jacksonville yellow fever epidemic during the preceding year. Soon we shall follow some of the events and bitter struggles which led up to the founding.

which we have hitherto had access are those of the army when troops have been stationed in different parts of the state, some of which might be suspected of being sickly; but these present the gratifying . . . [proof] that Florida is one of the healthiest states in the Union.*[163, 164]

Dr. Baldwin was elected President of the Association for a second term, Dr. R. B. Burroughs of Tallahassee was elected First Vice President, Dr. John P. Wall of Tampa, Second Vice President, Dr. F. P. Wellford of Jacksonville, Secretary, and Dr. M. M. T. Hutchingson of Lake City, Treasurer. The second session of the Florida Medical Association was adjourned to meet in Tallahassee for its next session on the third Tuesday in January, 1876.[163]

Perhaps now we should discuss the founding of the Duval County and Saint Luke's hospitals, two institutions destined to play important roles in the care of the sick in Duval County through the years that were to follow.

THE DUVAL COUNTY HOSPITAL

The site of the "old" Duval County Hospital, tracts 27 and 28, in a subdivision of Northeast Jacksonville known as Oakland,** was purchased by the Duval County Commissioners on June 4, 1870.[166] One thousand dollars was specified as the monetary consideration involved.[167] During the early eighteen-seventies the following buildings were constructed: a wooden building which served as a hospital ward, a brick building which was used as an asylum, a small "double-roomed" building called the dead and wash house and several small, one story buildings, one a kitchen and another a chicken house. In 1877 a new and more spacious one story building was erected and called "the new hospital."[168] Thus, it will be seen that, in 1877, there were three buildings available for the reception of patients. The group of buildings as a whole was called "The Duval County Hospital and Asylum" and sometimes was referred to incorrectly as "The County Poor House."[169]

No records were kept for the Hospital and Asylum up to March, 1876, but from March 1 to December 31, 1876, there were 31 admissions and 9 deaths.[170] When the county commissioners came into office about January 1, 1877, it was said that the county was "burthened" with a large number of pensioners for whom the outlay of money was unnecessarily large. In the Hospital and Asylum an average of 8 patients was being maintained for whose care a superintendent received a monthly salary of $45, a physician $25 and a cook $10. The county commissioners discontinued outdoor relief, Dr. C. J. Kenworthy

*In 1876, Dr. Baldwin's presidential address was entitled "Climate in Its Relation to Medicine—Preventive and Remedial."[165] These two addresses before the Association in 1875 and 1876, when published, attracted considerable attention. They served not only as authentic information which could be used for scientific purposes, but gave the general public a much better understanding of Florida's climate and promoted tourist travel to the state each winter.

**Today the original property is situated at the corner of Jessie and Franklin streets.



Duval County Hospital circa 1915. Left, Administration Building. Right, ward for female patients.

was placed in charge of the Hospital and Asylum, and Dr. Columbus Drew was engaged as the "County Physician." A Mr. Wright served as superintendent. During the year 1877, 136 patients were admitted to the institution, 115 of whom were under medical treatment. There were 28 deaths during the year. In December, 1877, the per capita cost was reduced from $8 per patient monthly for attendants alone to $3.73 per patient monthly for total maintenance.[170, 171]

Dr. Drew's "Report of Cases of Disease" treated at the Hospital from January 1, 1877, to January 1, 1878, is as follows:

Disease	*Admitted*	*Discharged*	*Died*	*Under Treatment*
Valvular Heart Disease	1	1		
Epilepsy	1	1		
Fever, Remittent	16	15		1
Fever, Intermittent	16	14		2
Fever, Typho-malarial	3	2	1	
Pneumonia	3	1	2	
General Debility	4	3		1
Inflammation of the Brain	1		1	
Bronchitis	1	1		
Abscess of the Liver	1	1		
Congestion of the Liver	2	2		
Eczema of the Feet	1	1		
Acute Metritis	1	1		
Phthisis Pulmonalis	13	2	10	1
Scrofula	1			1
Chronic Bright's Disease	2		2	
Chronic Paralysis	3		1	2
Opium Habit	1			1
Ascites	1	1		
Chronic Rheumatism	3	2		1
Marasmus	1		1	
Dog Bite	1	1		
Fractures	3	1		
Ulcers	3	2		1
Burns	1	1		
Syphilis	13	5	4	4
Gangrene of the Legs	1		1	
Caries of Bone	2		1	1
Cystic Testicles	1	1		
Gonorrhea	1	1		
Urethral Stricture	2	1		1
Perineal Abscess	1	1		
Cataract	2	2		
Prolapsus Uteri	1	1		
Pregnancy	1	1		
Old Age	4	1	3	
Injuries from Cars	2	1	1	0
Total	115	68	28	19

An editorial on the Hospital and Asylum appeared in a local paper during the fall of 1877. The style is so quaint and the subject matter of such interest that the editorial is presented here almost in its entirety.

THE DUVAL COUNTY HOSPITAL AND ASYLUM

On last Sunday [October 7, 1877] a reporter of the Sun and Press visited the above institution to ascertain in what condition it is, and what improvements have lately been made. On approaching by the Oakland Road, past the graveyard, the old building which formerly and still fulfills the conditions of an asylum, comes in sight first; to the rear of this about 25 feet, is the old hospital ward; back of this is the double-roomed building called wash and dead house; east of the asylum, some 75 feet, but further back from the road, is the new hospital, while between these two is the well and bath house, and back of this again the kitchen and outbuildings, which include a chicken house—all fronting to the south, and one-story buildings. Around these county buildings, a suitable fence is now being put up, which keeps out the hogs and restrains the inmates from taking extended walks. The asylum has had a cheap verandah put up on the south side . . . and has been clapboarded . . . to keep out the rain . . . Inside it is divided into 4 ordinarily sized rooms—the 2 larger of which are the male and female wards, with each 8 or 10 inmates . . . The other 2 rooms the Superintendent's and a general storeroom. All these rooms are kept in as cleanly a condition as possible . . . Whitewash, etc., has been used freely. The inmates here, on being questioned, said they had good food with good treatment, and their appearance would indicate it . . .

The old hospital ward is a structure about 40 feet long by 10 or 12 wide with 4 rooms and supplied with light and ventilation by 4 doors, but windows are now being placed in each apartment. One of these rooms is the syphilitic ward, 2 will be used as sleeping rooms . . . and the 4th is the provision room, where is flour, rice, hominy, sugar, crackers, coffee, tea, onions, butter, lard, salt, beef and pork and other groceries from Holbrook's, in variety and quantity sufficient to show that all the inmates of the place have good food, as indeed they all admit. The dead and wash house* is a new building about 15 feet square and supplies what has been needed there. The well-house is also divided into 2 rooms, one of which contains the new well, with its force pump and 150 feet of hose, and the other a bathing tub and other aids to cleanliness.

The kitchen house has 2 rooms, 1 of which is the kitchen proper, which was kept in a very cleanly condition and here is the Sunday dinner for all the well ones consisting of a joint of meat with rice pudding.

The new hospital building, occupied 3 weeks, is 85 feet long by 22 wide, with an 8 foot verandah all around it, while inside the ceilings are 14 feet high. It is divided into two wards—male and female—which are sep-

*The name "dead and wash house" is quite striking but, nevertheless, appropriate. It was the custom in those days always to wash the bodies of the dead—sometimes with ceremony. Mr. Zephaniah Kingsley, who died about thirty years prior to this period, directed in his will that his body "be excused from the usual indiscreet formalities and parade of washing."



Duval County Hospital circa 1915. Left, ward for male patients. Right, ward for tuberculous patients.

arated by the nurse's room and the dispensary; the whole interior, even to the beds with their moss mattresses and white coverlets being clean, sweet and airy as any housekeeper would desire. No communication is allowed between these wards, nor between the hospital and asylum, without a permit from the superintendent, Mr. Wright. The bill of fair for those in the hospital is, of course, better than for the asylum inmates, and the order left by Dr. Drew for a patient, comprised milk, rice, chicken broth, etc., which shows that nourishing food is considered a necessary adjunct to this department. In front of this building the ground has been laid down with bermuda grass and a pleasant lawn will be the result soon . . .

The work of reconstruction at this institution has been carried out by Dr. C. J. Kenworthy, of the County Commissioners, who is working at it as a labor of love and deserves recognition for the good he has accomplished . . .[168]

Christmas dinner at the Hospital and Asylum in 1877 was a great event.[172, 173] The following appeared in a local paper on the last day of the year 1877:

If those who liberally responded when called upon for donations to a Christmas feast for the people living in a county asylum, could have been present and seen the joy of those people they would have been a thousand times repaid . . . The table was spread in the female ward of the hospital, and around it were gathered the inmates—to the number of about thirty—and a few invited guests. At the head of the table sat County Commissioners Kenworthy and Francis . . . and at the foot Dr. C. Drew, physician to the institution . . .

There was roast beef, turkey, chicken, chicken pie, boiled ham, and other meats; vegetables of all kinds; an enormous plum pudding, cakes, ice cream and coffee. After dinner several resolutions were handed up by inmates, one of these thanking the people of Jacksonville for their goodness of heart in providing this feast, and another . . . complimentary to the Superintendent, Dr. C. J. Kenworthy and the physician, Dr. C. Drew, for their courtesy, kindness and sympathy during the year past. The resolutions being disposed of, some nuts, raisins and candy were distributed, and tobacco and cigars given out. The rules were generally suspended and every person enjoyed himself in whatever he liked.*

. . . As it is the close of the year in which much has been done for the institution, it seems fitting to say something about the improvements inaugurated and carried to a successful ending. A majority of our readers will remember the filthy hovel for it deserved no better appellation which passed for a county poor-house two or three years ago . . . The difference between the place then and now is as distinct and broad as the difference between hell and heaven. In the first place the ground was cleared of all rubbish . . . plowed, set with Bermuda grass, and no lawn in the city is smoother or looks better. A substantial fence was built and whitewashed. The two old buildings were thoroughly purified, fitted with good glazed windows and blinds; whereas before, the only openings were the doors . . . East of these a new hospital building was erected . . . A few feet from the north-west corner of the Hospital, . . . is the kitchen. A small building close by the kitchen contains wash and bath rooms and in the north end a compartment for laying out the dead. A well was sunk in the open place between the various buildings, fitted with a forcing pump and about 200 feet of hose. The wisdom of this provision was demonstrated a few days ago, when the hospital took fire . . . and was promptly extinguished by the use of the . . . hose . . . The aggregate cost of the above improvements was about $2,500 . . .

The cemetery connected with this institution has been fenced and put in good order. Each grave is numbered, and an entry of all the known particulars concerning the deceased is made in the hospital record. How was it before? The dead were buried, to be sure, among the pines and saw-grass, no distinguishing mark to the grass, and the cattle grazed and hogs rooted above them . . .[173]

In the late eighteen-seventies and early eighteen-eighties the institution grew little. In 1885 it still could boast of only the three one-story buildings for the reception of patients. Accommodations were, however, more adequate. Thirty male and 10 female patients could be hospitalized, but still the demand for admission exceeded the accommodations. In 1885 the buildings were identified as being situated on high ground in Oakland, a half mile north of the fairgrounds. The broad verandahs and abundant foliage, flowers and vines were pictured as giving the institution a homelike appearance, and the buildings were described as being clean and well ventilated. Four thousand dollars was the per annum operating cost, $1,200 of which was furnished by the United States government because of the marine patients who were hospitalized there.

From 1885 to the late eighteen-eighties Dr. H. Robinson served as superintendent, without pay, while Dr. Drew served as the attending physician, with a small salary, estimated to reimburse him for the medicine he furnished the sick. Sister Mary Ann of Saint Joseph's Convent made frequent visits to the institution and was loved by all.[174, 175, 176, 177] Patients who suffered with yellow fever during the epidemic of 1888 were not hospitalized there.*

The pictures of the hospital shown in the accompanying illustrations are as it appeared about 1915.[178] No pictures of the building described are available.

SAINT LUKE'S HOSPITAL

During the autumn and early winter of 1872 two invalid tourists died on the streets of Jacksonville. The cause of their death was traced to the lack of rooms in the crowded hotels and to the fact that there were no hospital beds available for sick nonresidents of Duval County. The people of Jacksonville were moved by the death of these two travelers, but left the cor-

*Nearly sixty years later, on April 18, 1936, when Dr. R. B. McIver was president, the Staff gave another "Hospital Dinner." On this occasion Dr. R. H. McGinnis, after thirty-five years of gratuitous service, was honored at the time of his retirement. A plaque, upon which a profile of Dr. McGinnis had been mounted, was presented by Dr. J. Knox Simpson, Chief of the Department of Surgery, and was accepted on behalf of the Hospital by Mr. Frank E. Jennings, Chairman of the Welfare Board.[167]

*For later history of the Duval County Hospital see "The Duval County Hospital" by Dr. R. H. McGinnis, circa 1925, and the Florida Times-Union, June 1, 1924, and April 12, 16 and 18, 1936.

rection of the evil to the ingenuity of three generous and farsighted women, Mrs. Theodore Hartridge, Mrs. Aristides Doggett and Mrs. J. D. Mitchell. Early in the year 1873, these ladies formed a charitable society, which was named the "Relief Association of Jacksonville."* The purpose of the Association was to locate suitable places for the accommodation of sick and destitute travelers. Within a short while, however, the demand for such accommodations became so great that the ladies determined to establish a "hospital." In February, 1873, the society held a fair. Funds netted by the fair, when added to contributions made by citizens and tourists, gave a sum sufficient to pay the rent of a small, two room building.** This two room building was opened on March 11, 1873, and was named Saint Luke's Hospital.[159, 174, 179]

On October 16, 1873, the Saint Luke's Hospital Association was organized. Elected by the Association were two presidents, Mrs. Hartridge and Mrs. Magruder; five vice presidents, Mrs. Burns, Mrs. Doggett, Mrs. Peck, Mrs. Mitchell and Mrs. Greeley, and a secretary and treasurer, Miss Freeland.[180]

The small, two room hospital was operated only during the winter months and was devoted entirely to charity. Its charities were extended to people of all sections, creeds and denominations. Fifty patients were registered and treated during the first winter alone, while somewhat more than 200 received treatment during its first three winter seasons, 1873-74, 1874-75 and 1875-76.[174, 179]

The fairs, held each winter for the support of the hospital, became popular and were supported actively by Jacksonville residents and tourists. The association had $687 in the Freedmen's Bank when it failed in June, 1874,[159] but that same year Captain A. J. Ross of Boston donated $1,000 to $1,500.[174, 179] It having become apparent that the facilities for hospitalization were inadequate, in 1875 the association determined to build a new hospital. A lot on the northeast corner of Market and Ashley streets was acquired, and in the winter of 1875-76 construction was begun on a brick building somewhat more than 60 feet in length and 50 feet in width. The building was modern for those days. In March, 1876, as it neared completion, the building was said to have marble basins in every room with hot and cold water and gas equipment "all over."[179] Unfortunately, on July 22, 1876, just before it was ready for occupancy, the building was destroyed by fire.*[159]

The location of the hospital was changed from Market and Ashley streets, following the fire, to the west side of Palmetto street between Monroe and Duval, in East Jacksonville. Eight hundred dollars, the sale price of the old land, was used to purchase the new, while $6,000, received from insurance on the burned building, was made available for the construction of another brick building.[159]

There were a few residents in East Jacksonville who felt that the new hospital would be against their interests. The following strange notice appeared in a local paper in June, 1877, but what group or body was responsible for the pronouncement is not known:

East Jacksonville, Florida
May 25, 1877

Resolved, that our secretary request the insurance agents residing in the city of Jacksonville to withhold policies of insurance upon the building about to be erected in our village by the trustees of "St. Luke's Hospital" because it is ruinous to our interests and may be disastrous to the health of ourselves and families.

Signed. H. M. Moody, Secretary.[181]

Construction of the new building was begun in the late spring of 1877, but was interrupted somewhat by the yellow fever epidemic of that year. The unusual amount of illness in the city impressed people, however, with the need for a hospital. The new Saint Luke's Hospital was completed at a cost of $6,350 and was opened to the public in December, 1878. Since that time it has served the people of Jacksonville uninterruptedly. In 1882 the association was reorganized, and its first constitution was adopted. On June 10, 1885, its first charter was granted.[159]

*Known also as the "Ladies Benevolent Society."
**Location in Jacksonville unknown.

*The fire was said to have been incendiary in origin.



Saint Luke's Hospital as it appeared soon after its construction in 1877.



Saint Luke's Hospital as it appeared after the adding of a wing in 1887.

In 1887, when the first large wing was added to the building, the members of the medical and surgical staff were: Dr. R. P. Daniel, President, Dr. Neal Mitchell, Secretary, Dr. J. D. Mitchell, Dr. W. A. Spence, Dr. A. J. Wakefield and Dr. C. J. Burroughs.[176]

On August 22, 1888, Saint Luke's Hospital was taken over by the Jacksonville Board of Health with Dr. J. D. Fernandez in charge and Dr. P. J. Stollenwerck as assistant.[182] Later we shall see that the hospital played an important role in the epidemic of yellow fever during the summer and fall of that year.*

In the next installment of the history we shall review the biographies of three of Jacksonville's outstanding physicians, Dr. Columbus Drew, Dr. C. J. Kenworthy and Dr. Francis P. Wellford, and shall begin the study of the yellow fever epidemic of 1877.

*For further history of Saint Luke's Hospital see History of Jacksonville, Florida, and Vicinity, by Mr. T. Frederick Davis, 1925.

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ABSTRACTS OF MEDICAL ARTICLES

REPORT OF A CASE OF WILMS' TUMOR IN AN ADULT, LOEB, MARTIN J., NEW YORK, J. UROL. **50**: 268-273 (SEPT.) 1943.

The author reviews briefly the literature pertaining to Wilms' tumor and observes that variants of the embryonal type of renal tumor described by Wilms occur in the adult less rarely than the typical adenomyosarcoma originally described by him.

Differentiation of the mesenchymatous tissue into all the elements composing the kidney, namely, epithelial, glandular, vascular and connective tissue, allows the formation of connective tissues of various forms. It also accounts for the multiplicity of elements involved in the growth even though the tumor is autochthonous to the kidney and is derived from the mesoderm. Usually the tumor is an adenomyosarcoma.

Unless one considers sarcomas and carcinosarcomas of the kidney as Wilms' tumors, these growths are of rare occurrence in adults. Dr. Loeb's case was the thirtieth reported in the literature.

In the case described, the patient gave a history of vague symptoms at intervals for about a year, but complained of severe pains in the right lumbar quadrant radiating to the front of the abdomen and inguinal region, associated with urgency and frequency of urination of one week's duration. Later on, there was inability to void, the cause of the obstruction proving to be a clot which had formed in the bladder.

Cystoscopic and roentgen examination led to a clinical diagnosis of carcinoma with degeneration and cyst formation. At operation, in the upper pole of the right kidney a large tumor was found adhering to the under surface of the diaphragm. It was necessary to excise the twelfth rib in order to facilitate removal of the kidney. The postoperative diagnosis was Wilms' tumor.

The patient made an uneventful recovery and was then subjected to roentgen therapy. Twenty months after the operation she was in excellent condition.

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WELCOME !

Peace comes at last! As the Japanese surrender unleashes jubilant rejoicing over the return of millions from the military services to civilian life, no group will be more warmly received than the medical officers. The nation joins the medical profession in paying tribute to them in unstinted measure for their valiant service. Voluntarily and enthusiastically physicians have met the grave responsibility placed upon them by the greatest war in all history and they have carried on in medicine's best tradition. Their achievements will become one of the great epics of this global conflict.

The Association heartily welcomes its returning members and earnestly desires to expedite their reestablishment in civilian practice in every way possible. Their colleagues and the laity alike will receive them gladly, not only because of the great need for their services owing to the shortage created by their absence, but also because of genuine appreciation for their magnificent response to the greatest challenge ever faced by the profession and the country. H. L. P.

CORRESPONDENCE COLUMN

The Journal invites the attention of the Association to its Correspondence Column, which is designed to afford the members a medium of expression of individual opinion by publication therein of signed contributions. It encourages wholesome discussion in this manner and welcomes criticism that is constructive.

In this era of transition with all its portends for medical practice and polity, the airing of diverse viewpoints is a healthy sign that is conducive to curbing extremes and fostering a workable program. The numerous controversial medical subjects of the day furnish abundant material of general interest. Through the columns of their organ the members are at liberty to express their views on these matters, to offer constructive suggestions for the betterment of the Association and the profession as a whole, and to answer editorials or the published correspondence of their colleagues. It is desirable that this department express a cross section of opinion of the membership, and it is hoped that sufficient interest will be manifested to stimulate and clarify thinking on the problems of vital moment to the profession.

The Journal sponsors a definite and constructive editorial policy. While it is pleased to give space to differing expressions of opinion and diverse opinion in general on suitable subjects, these contributions in the Correspondence Column are to be construed as in no way reflecting the opinion or policy of the Journal or the Editor. The column is provided merely as an avenue of expression for interested members of the Association who desire to use it to state their personal views through signed contributions.

Physicians who desire to contribute may send their correspondence to the Editor, 702 duPont Bldg., Miami, 32. He will be glad to see that these contributions appear in the Correspondence Column over the signature of the author, as space is available. Unsigned contributions will not be accepted for publication. H. L. P.

CONSTRUCTIVE PROGRAM FOR MEDICAL CARE

AMERICAN MEDICAL ASSOCIATION

This platform was adopted by the Council on Medical Service and Public Relations and the Board of Trustees of the American Medical Association on June 22, 1945.

Preamble

The physicians of the United States are interested in extending to all people in all communities the best possible medical care. The Constitution of the United States, the Bill of Rights and the "American Way of Life" are diametrically opposed to regimentation or any form of totalitarianism. According to available evidence in surveys, most of the American people are not interested in testing in the United States experiments in medical care which have already failed in regimented countries.

The physicians of the United States, through the American Medical Association, have stressed repeatedly the necessity for extending to all corners of this great country the availability of aids for diagnosis and treatment, so that dependency will be minimized and independence will be stimulated. American private enterprise has won and is winning the greatest war in the world's history. Private enterprise and initiative manifested through research may conquer cancer, arthritis and other as yet unconquered scourges of humankind. Science, as history well demonstrates, prospers best when free and unshackled.

Program

The physicians represented by the American Medical Association propose the following constructive program for the extension of improved health and medical care to all the people:

1. Sustained production leading to better living conditions with improved housing, nutrition and sanitation which are fundamental to good health; we support progressive action toward achieving these objectives:

2. An extended program of disease prevention with the development or extension of organizations for public health service so that every part of our country will have such service, as rapidly as adequate personnel can be trained.

3. Increased hospitalization insurance on a voluntary basis.

4. The development in or extension to all localities of voluntary sickness insurance plans and provision for the extension of these plans to the needy under the principles already established by the American Medical Association.

5. The provision of hospitalization and medical care to the indigent by local authorities under voluntary hospital and sickness insurance plans.

6. A survey of each state by qualified individuals and agencies to establish the need for additional medical care.

7. Federal aid to states where definite need is demonstrated, to be administered by the proper local agencies of the states involved with the help and advice of the medical profession.

8. Extension of information on these plans to all the people with recognition that such voluntary programs need not involve increased taxation.

9. A continuous survey of all voluntary plans for hospitalization and illness to determine their adequacy in meeting needs and maintaining continuous improvement in quality of medical service.

10. Discharge of physicians from the armed services as rapidly as is consistent with the war effort in order to facilitate redistribution and relocation of physicians in areas needing physicians.

11. Increased availability of medical education to young men and women to provide a greater number of physicians for rural areas.

12. Postponement of consideration of revolutionary changes while 60,000 medical men are in the service voluntarily and while 12,000,000 men and women are in uniform to preserve the American democratic system of government.

13. Adoption of federal legislation to provide for adjustments in draft regulation which will permit students to prepare for and continue the study of medicine.

14. Study of postwar medical personnel requirements with special reference to the needs of the veterans' hospitals, the regular army, navy and United States Public Health Service.

MEDICAL POSTGRADUATE COURSE

The thirteenth annual graduate short course for doctors of medicine was held in Jacksonville, June 25-30, 1945. The total registration was 202, as compared with 172 for last year. The registration this year of 202 exceeds that of any other year since the graduate short course was instituted, thirteen years ago. The second largest attendance was 195 in 1942. The lectures presented by outstanding faculty members were especially good.

Dr. T. Z. Cason, chairman of the Association's Committee on Medical Postgraduate Course, with the cooperation of his committee members, the Department of Medicine of the Graduate School of the University of Florida, and the State Board of Health, has been untiring in his efforts to bring to the practitioners of Florida the best material available. In order that arrangements for next year's session may be planned to the best interests of all concerned, suggestions and constructive criticisms are solicited from all who are interested.

The official report on this year's graduate short course will be presented at the next meeting of the House of Delegates of the Florida Medical Association by Dr. T. Z. Cason, chairman of the committee.

REGISTRATION

The total registration during the thirteenth annual graduate short course for doctors of medicine, held in Jacksonville, June 25 through 30, was 202. Of this number 142 paid the $5.00 registration fee. Members numbered 121; members with the armed forces, 9; other physicians with the armed forces, 40; other physicians, 12; interns, 1; Negro physicians, 28.

FACULTY

MEDICINE—Dr. Eugene A Stead, Jr., Professor of Medicine, Emory University, Atlanta, Ga.; Dr. Howard Payne, Associate Professor in Medicine, Howard University School of Medicine, Washington, D. C.

SURGERY—Dr. R. L. Sanders, Associate Professor of Surgery, University of Tennessee, Memphis, Tenn.

PEDIATRICS—Dr. Herbert C. Miller, Instructor of Pediatrics, Yale University, New Haven, Conn.

OBSTETRICS—Dr. Oren Moore, Dean of Obstetrics at the Southern Postgraduate Seminar, Chief of Obstetrics and Gynecology at the Presbyterian Hospital, Charlotte, N. C.

GYNECOLOGY—Dr. E. C. Hamblen, Clinical Professor of Endocrinology and Associate Professor of Obstetrics and Gynecology, Duke University School of Medicine, and Endocrinologist and Chief of the Endocrine Division, Duke Hospital.

VENEREAL DISEASE—Surgeon R. C. Arnold, Venereal Disease Research Laboratory, U. S. Marine Hospital, Staten Island, N. Y.

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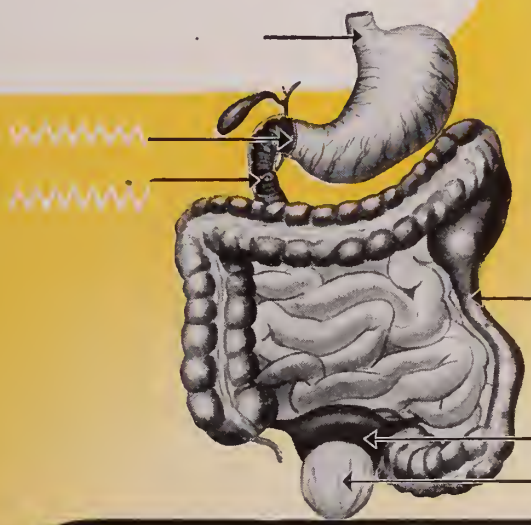
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CORRESPONDENCE

The Journal is pleased that members of the Association are taking advantage of this column to express their individual views. Views of our members and comments on letters published are solicited.

PRIVATE PRACTICE VERSUS STATE MEDICINE

To the Editor:

I have read with much interest the article, "From My Point of View," written by Dr. Frank C. Metzger, which was published in the Journal's June issue. The article deals with a most interesting and timely subject which should be of great concern to us all.

From the fact that this article was published in the Journal seemingly as an editorial, I presume that it reflects the attitude of the Florida Medical Association upon the subject of organized medicine. [*Editor's Note—Signed editorials express the opinions of the authors. They may or may not reflect the attitude of the Florida Medical Association or the editor of the Journal.*] I presume further that this article is in defense of the present system of competitive practice and is an argument against any changes being made in this system. I, for one, believe that open-minded discussion on this question is vitally needed, and since my views do not coincide with those of Dr. Metzger, I intend to take this means of expressing them.

I do not wish to argue for Federal control of medicine, but I do have definite and emphatic arguments against the system that now exists. I do not believe that medicine has reached the peak of perfection in so far as its organization is concerned. As a matter of fact, I believe that the present structure is antiquated and inadequate to fulfill its objective . . . . that is, adequate medical care for everyone. I think that the very fact that there is so much argument about this question is in itself proof that we have not attained this objective. I am also of the opinion that unless we become realists and do something to remedy a situation which certainly needs correction, someone else will do it for us and we might well find ourselves controlled by bureaucrats.

These are some of my criticisms of our competitive system: First of all, it is basically unsound because it entrusts the health of the nation to a group of private individuals who have no obligation except to their own consciences to see that every person, regardless of their economic status, receives the same standard of medical care. Even if the highest ethics of the profession are observed, we all know of many instances where financial problems have prevented patients from getting the care they should have gotten.

Secondly, the system creates friction among physicians who have to compete in order to make a living. It has a tendency to destroy the finer aspects of professional relationships and has resulted in the formation of medical cliques.

Thirdly, the fee system is open to abuse by the mercenary members of the profession and they have succeeded in arousing in the public the suspicion that all physicians are as much interested in the patient's credit report as they are in his illness.

Since the main purpose of this letter is to criticize the arguments against organized medicine as presented by Dr. Metzger, I shall proceed to do so.

Dr. Metzger says that the incentive for private gain and advancement is necessary for any business or profession to survive. This is true. But is there anything incompatible with retaining this incentive in some organization which would be at the same time noncompetitive? I think not.

Dr. Metzger says that young men would be dubious about entering a profession in which they could not look forward to "limitless heights of returns, not only financial and social, but in terms of service." I may be an idealist, but I do not believe that young men have much financial ambition when they decide to study medicine. They very likely take into account that it offers very good chances for financial security, but that is a very different thing. I rather think that the real reason that young men study medicine is because it appeals to them intellectually. For those who would reject medicine because it offers them no chance to become wealthy, (and I think they would be few) I say, good riddance. I cannot agree with Dr. Metzger that men of proper

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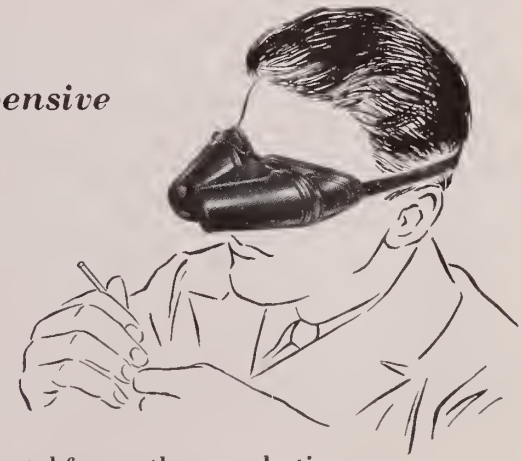


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quality and intelligence would reject the profession because it offers them no chance to accumulate riches.

Dr. Metzger draws a parallel between the teaching profession and medicine in an attempt to show what would happen under a controlled system. He first admits that teachers are inadequately paid and says that this is the reason that young people do not want to become teachers, and the reason that those in the profession are leaving for more remunerative fields. This may be true. But does Dr. Metzger believe that if the teachers were adequately compensated this situation would be corrected? If he does, then he refutes his own argument. He further states that "Why then if similar conditions are put upon the practice of medicine will not the same results follow such a procedure." If by "similar conditions" he means inadequate compensation, he is certainly right, they would. But will he agree that if under a system of control, physicians are adequately compensated for their work, then the same results need not necessarily follow?

I would also like to remark in passing that the figures quoted by Dr. Metzger as to enrollment in teachers' colleges in 1941 and 1944 do not amaze me. How do they compare with enrollment in other professional schools during the same years?

Dr. Metzger refers to a sum of $5,000 as being the amount to which a "large group of politicians" contemplate "limiting" a physician. He refers to the same sum as "huge," so I am confused as to his meaning. The inference is, however, that this amount is too small. I do not argue with this, but I believe that it is about equal to the average annual income of the general practitioner before the war.

To sum up, let me repeat that I hold no brief for Federal control over medicine, but I firmly believe that changes must be made in the present system, and my only plea is for an open discussion with a view toward having the profession take the initiative for making changes.

We must have better arguments than those proposed by Dr. Metzger, and a better plan to offer the public than we now have, if we are successfully to oppose the forces which are endeavoring to legislate "socialized" medicine.

Respectfully yours

(Signed) Powell Adams, M.D.

Panama City, Florida
July 10, 1945.

STATE NEWS ITEMS

Governor Millard Caldwell late in July requested the Board of Governors and officers of the Florida Medical Association to meet with him for the purpose of discussing some public health problems. The conference was held in the Governor's office at Tallahassee, Wednesday, August 1. Those in attendance were Drs. Shaler Richardson, Robert B. McIver, Walter C. Payne, Herbert L. Bryans and Stewart Thompson. Because of sickness and vacations, President Boling and a number of the Board members were not able to attend.

Members of the Florida Medical Association who attended the 1945 session of the Southern Pediatric Seminar in Saluda, N. C., recently, are: Walter C. Page, Cocoa; Lucille J. Marsh, Jacksonville; I. K. Hicks, Melbourne; Charles L. Kennon and Henry L. Tippins, Miami; C. M. Knight, Palatka; A. Scott Turk, Quincy, and Harriet E. Farley, Tampa.



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Fellow of the American Psychiatric Association

Dr. E. Bryant Woods of Tampa spent some time during the month of July doing postgraduate work in Chicago.

Dr. Harry S. Howell of Lake City was recently elected president of the local Rotary Club.

A booklet entitled "Information Bulletin for Medical Officers" has been compiled by the American Medical Association's Bureau of Information, in order to give physicians returning from the armed services a concise statement of facilities now available to help them with their problems of licensure, further education or location. This material is available to all medical officers who desire aid. To secure the Information Bulletin for Medical Officers, write to Bureau of Information, 535 North Dearborn Street, Chicago 10, Illinois.

Dr. W. E. Van Landingham of West Palm Beach attended the fortieth reunion of his class at the Medical School of the University of Maryland, formerly the Baltimore Medical College, the latter part of June.

ANNOUNCEMENT—Jesse L. Williams, D.D.S., 332 St. James Building, Jacksonville, will limit his dental practice to peridontia beginning June first.

FOR SALE—Shortwave Diathermy. General Electric Inductotherm, Model "B" with flexible cable and disc electrode on stand. Detached table. In excellent condition. $300.00 F.O.B. Write 69-5, Box 1018, Jacksonville 1, Florida.

BIRTHS AND DEATHS

BIRTHS

Dr. and Mrs. R. L. McDaniel of Jacksonville announce the birth of a daughter, Isabelle Bonner, on July 9.

Dr. and Mrs. Nelson A. Murray of Jacksonville announce the birth of a son, Gwinn, on July 6.

Dr. and Mrs. Thomas H. Lipscomb of Jacksonville announce the birth of a daughter, Virginia, on July 19.

Dr. and Mrs. Ralph T. Heath of Tampa announce the birth of a son, Ralph Talmadge, Jr., on July 24.

DEATHS

Dr. Lawrence C. Ingram, Orlando—July 2, 1945.
Dr. Gerry R. Holden, Jacksonville—July 21, 1945.
Dr. Smith L. Turner, Bronson—August 2, 1945.
Dr. Edward M. Coleman, Clermont—August 3, 1945.

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From where I sit *by* Joe Marsh

Mad Dogs and Wagging Tongues

The county had a "mad dog" scare last week. Phoebe Token's spaniel bit the postman, and he vowed that he was plenty mad about it.

But by the time the rumor got around, it wasn't the postman who was mad, it was the dog. And before the truth was learned, half the kids in the neighborhood had missed school, while their mothers nearly drove Dr. Walters crazy, asking him for advice.

Wagging tongues can cause a lot of "mad dog" trouble. Like the wagging tongues that gossip about soldiers drinking too much around Army camps. There's not a bit of truth in it—as the Government found out and told us.

Milk and beer are a soldier's favorite drinks—which is why we have the best behaved Army in history. But those ugly rumors are bound to hurt morale and cause hard feeling.

From where I sit, wagging tongues can cause a heap more trouble than mad dogs.

Joe Marsh

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GERRY ROUNDS HOLDEN

Dr. Gerry R. Holden, a past president of the Florida Medical Association, died at his home in Jacksonville on July 21, after an illness of several weeks.

A native of Concord, N. H., Dr. Holden was born on September 12, 1874. Following his graduation from Yale University in 1897, he entered Johns Hopkins University and received his degree as doctor of medicine in 1901. That same year he went to Berlin as a special student in medicine.

Dr. Holden returned to the United States to become house surgeon at the Roosevelt Hospital in New York, after which he was resident gynecologist at Johns Hopkins Hospital in Baltimore until 1905.

Since 1906, Dr. Holden was attending gynecologist to St. Luke's Hospital, Jacksonville, and to the Duval County Hospital since 1922. He was also a consultant to the Riverside Hospital and since 1935 was consultant surgeon at Flagler Hospital, St. Augustine. For many years he was active in the work of the American Society for the Control of Cancer. He served on many committees of the State Association and at the time of his death he was a member of the Committee which serves as Representatives to the Industrial Council and of the Necrology Committee.

Although forced to devote most of his time to medical duties, Dr. Holden was a leader in church affairs. He was a member of the Riverside Presbyterian Church and had served as an officer in the congregation for the past thirty years. Twice he was a delegate to the General Assembly of the Presbyterian Church at Montreat, N. C.

Dr. Holden was a Fellow of the American College of Surgeons and of the American Medical Association, a past president of the Florida Medical Association and of the Southeastern Surgical Congress, a member of the Duval County Medical Society, the Southern Medical Association, the Southern Surgeons' Association and the South Atlantic Association of Obstetricians and Gynecologists. He was a frequent contributor to medical journals.

Besides his widow, Mrs. Anne Millikens Holden, he is survived by one daughter, Miss



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Katherine Holden; one son, Gerry R. Holden, Jr., U.S.N. and two grandchildren, all of Jacksonville.

LAWRENCE C. INGRAM

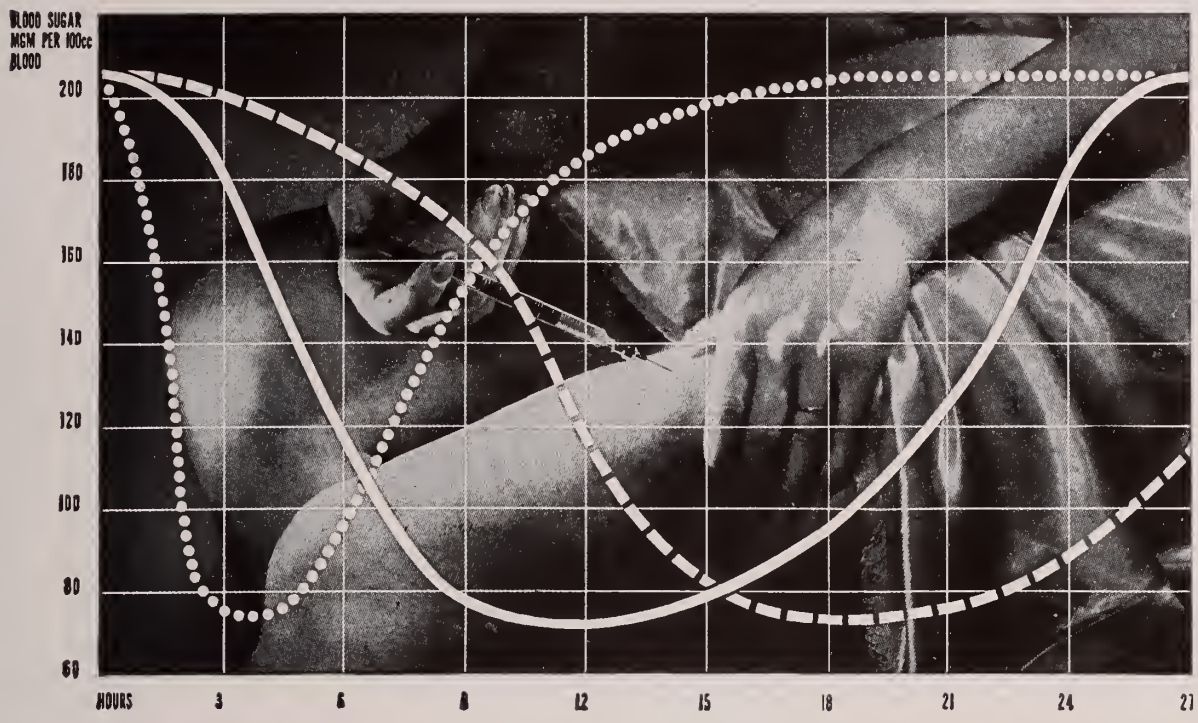
Dr. L. C. Ingram of Orlando died at the Lake City Hospital, Lake City, Minn., Monday, July 2, after an illness of several weeks. Born at Perry, Illinois, Oct. 5, 1872, he received his medical training at Keokuk College of Physicians and Surgeons from which he was graduated in 1903. On July 23, 1903 he was married to Caroline T. Malchert of Lake City, Minn. The widow and one son, Dr. Hollis C. Ingram, survive.

From 1903 to 1911 Dr. Ingram was in general practice at Zumbro Falls, Minn., going from there to Red Wing where he specialized in eye, ear, nose and throat work with the firm of Drs. Cremer, Claydon and McGuigan. In the fall of 1914 the family moved to DeLand, Fla., and in 1920 they located in Orlando. In 1937 Dr. Ingram retired and his practice was taken over by his son, Dr. Hollis Ingram.

After his retirement, Dr. and Mrs. Ingram traveled extensively in the interest of his hobbies which were kodachrome pictures and floriculture. He served for several years as president of the Men's Garden Club and was considered an authority on azaleas.

Dr. Ingram was a past president of the Orange County Medical Society, a member of the Florida Medical Association, the Southeastern Surgical Congress, the American Medical Association, the American Academy of Ophthalmology and Otolaryngology, a Fellow of the American College of Surgeons and a Diplomate of the American Board of Otolaryngology. He was Chief emeritus of the Eye, Ear, Nose and Throat Service of the Orange General Hospital. He was a member of the local Rotary Club and a deacon of the Park Lake Presbyterian Church.

Officiating at the funeral services, which were held at Lake City, Minn., was the Reverend Charles Miller of Minneapolis who, forty-two years previously, had performed the marriage service for Dr. and Mrs. Ingram. Interment was in Lake City.



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COMPONENT COUNTY SOCIETIES

BAY

The Bay County Medical Society has paid 100 per cent of its State Association dues for 1945. This Society has a membership of 12.

BREVARD

The Brevard County Medical Society has a 100 per cent paid membership for 1945. Dr. A. F. Thomas of Cocoa is president; Dr. W. J. Creel of Eau Gallie, vice president, and Dr. I. K. Hicks of Melbourne, secretary-treasurer.

LAKE

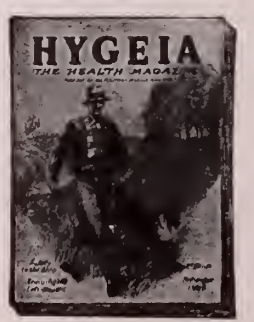
This society has paid 100 per cent of State Association dues for 1945. Headed by Drs. H. Spurgeon Cherry, president, and R. H. Williams, secretary-treasurer, the society draws its membership from eight towns: Center Hill, Clermont, Eustis, Groveland, Leesburg, Mount Dora, Umatilla and Wildwood.

PINELLAS

Dr. and Mrs. J. Braden Quicksall of St. Petersburg entertained the members of the Pinellas County Medical Society and their wives at a barbeque-picnic on the evening of July 22. No meetings were held by this society during the month of August.

SARASOTA

The Sarasota County Medical Society has paid 100 per cent of its dues for 1945 to the State Association. Dr. Frank L. Hall is the president and Dr. J. M. Butcher is the secretary-treasurer of the society.



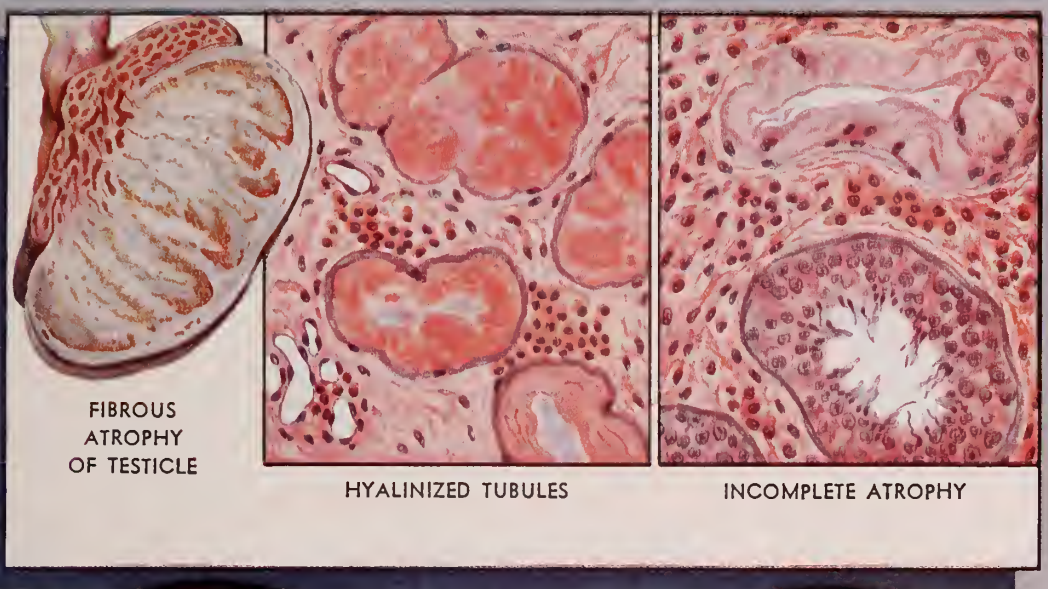
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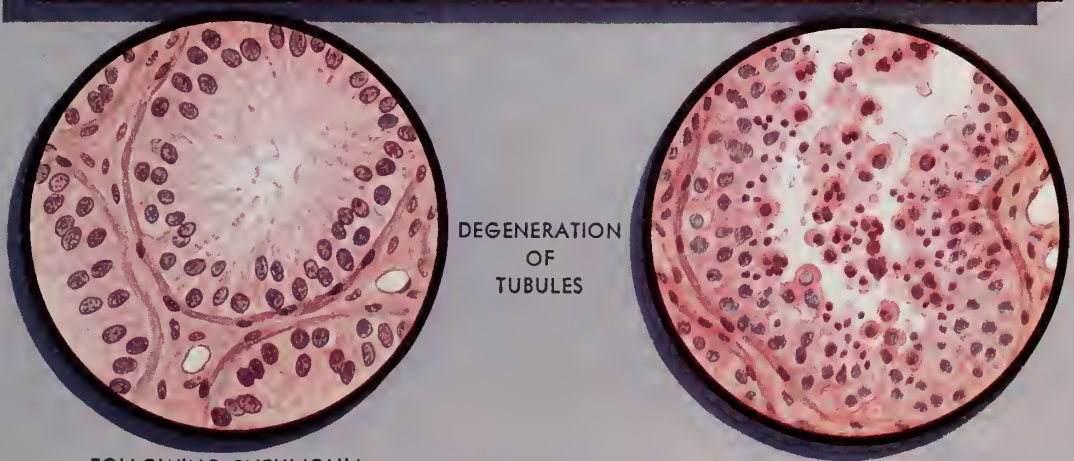
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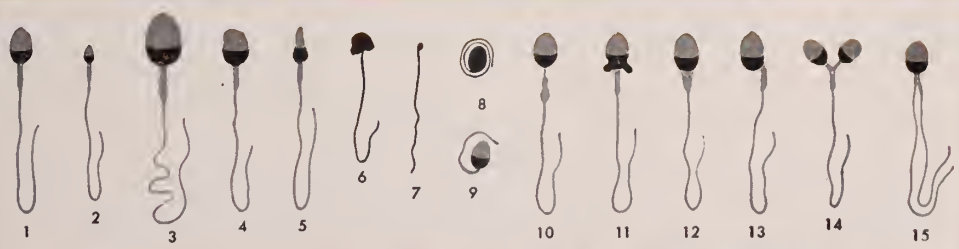


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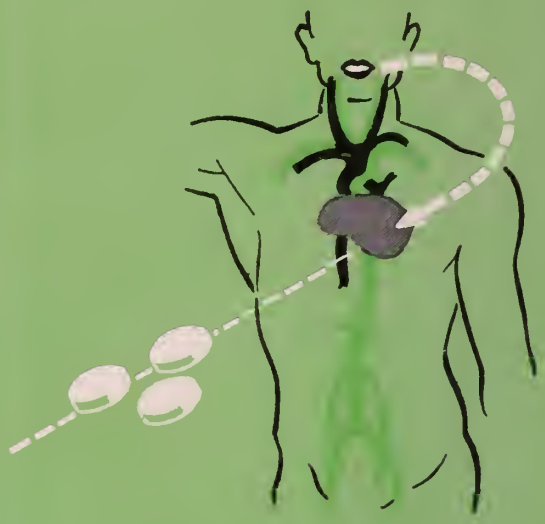
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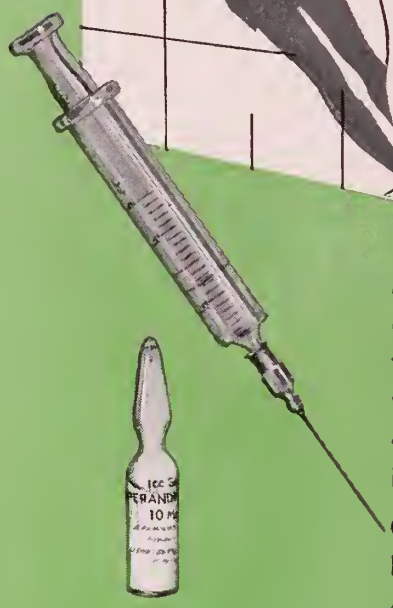
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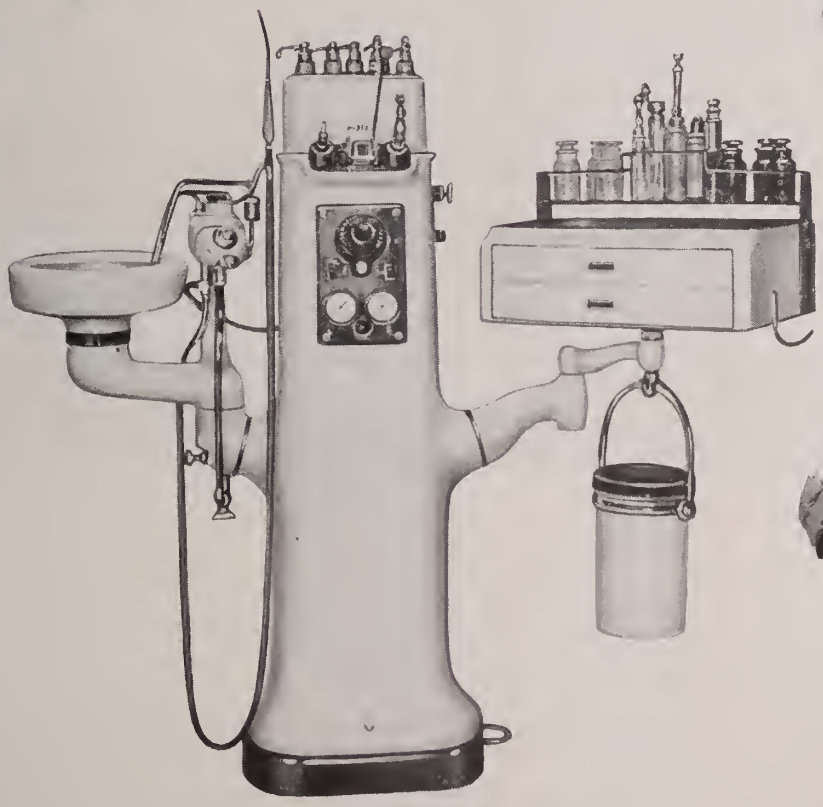
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PALM BEACH COUNTY AUXILIARY

The Auxiliary to the Palm Beach County Medical Society held its last meeting of the season on April 20 at the home of Mrs. William Y. Sayad at No. 5, Golf Road, Palm Beach, with Mrs. C. Jennings Derrick, Mrs. William Gardner and Mrs. L. A. Peek as co-hostesses. Twenty-four members and one guest enjoyed a delicious luncheon.

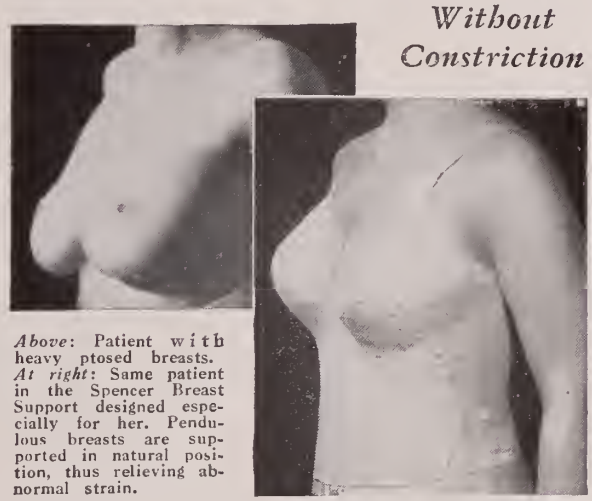
The business meeting was called to order by Mrs. James L. Carlisle, first vice president, in the absence of the president, Mrs. V. M. Johnson. By vote of the members, the following projects were approved: (1) to sponsor the Medicine Chest, with Mrs. Carlisle as chairman; (2) to man a booth for the Seventh War Loan at Anthony's Store, with Mrs. Don Royer as chairman, and (3) to cooperate with the Business and Professional Woman's Club in conducting a cancer clinic.

Mrs. Lloyd J. Netto and Mrs. Derrick reported that the Auxiliary was observing "Doctor's Day" by writing letters to all the Palm Beach and West Palm Beach doctors in service and sending greeting cards to their wives. Mrs. W. C. Williams was appointed chairman of the Committee on Constitution and By-Laws with Mrs. Johnson, Mrs. Carlisle and Mrs. Netto to assist her. Mrs. Harry Moses reported that almost all members were taking the Bulletin.

Mrs. Grady Brantley gave an excellent report on Hygeia subscriptions and stated that if the publisher could have filled the orders sent in,

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Palm Beach County would have rated very high. Mrs. W. O. Arnold, State Defense chairman, reported that a total of 2,001 hours had been given to Red Cross and defense work and congratulated Mrs. V. D. Stone on her excellent report and her promptness in getting it in. Mrs. Derrick, treasurer, stated that 5 new members had joined the Auxiliary during the last year.

The nominating committee, composed of Mrs. Stone, Mrs. Kenneth Montgomery, Mrs. Derrick and Mrs. Jay A. Powell, presented the following slate, which was unanimously accepted: president Mrs. Gaylord Lewis; first vice president, Mrs. Kenneth Montgomery; secretary, Mrs. William Gardner, and treasurer, Mrs. Mark Byrd.

The regular meetings of the Auxiliary will be resumed in October.

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The JOURNAL of the Florida Medical Association, Inc.

Vol. XXXII OCTOBER, 1945 No. 4

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Benzedrine Sulfate Therapy for Urticaria in Children
Sam J. Roberts

Medicine in This Changing World
J. Braden Quicksall

Once Again — District Meetings
Frederick J. Waas

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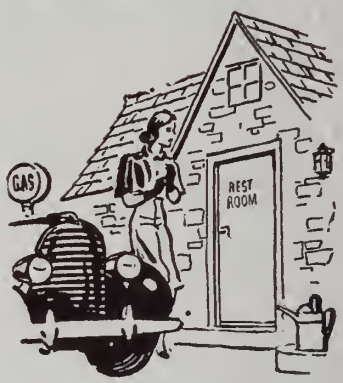
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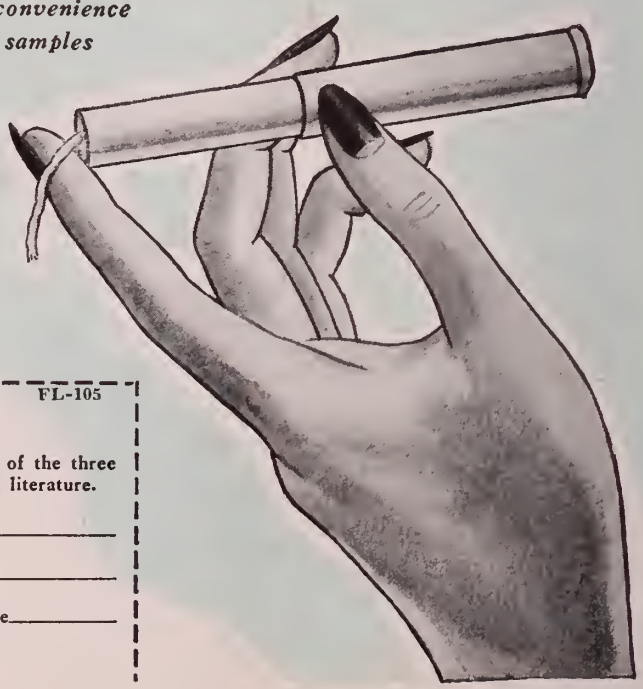
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*Larsen, N. P.: Observations with Penicillin, Hawaii M. J. 3:372 (July) 1944.

Stainsby, W. J.; Foss, H. L., and Drumheller, J. F.: Clinical Experiences with Penicillin, Pennsylvania M. J. 48:119 (Nov.) 1944.

Lockwood, S. J.; White, W. L., and Murphy, F. D.: The Use of Penicillin in Surgical Infections, Ann. Surg. 120:311 (Sept.) 1944.

Kenney, J. F.: Report of a Case of Staphylococcus Bacteremia Treated with Sulfadiazine and Penicillin, Rhode Island M. J. 27:663 (Dec.) 1944.

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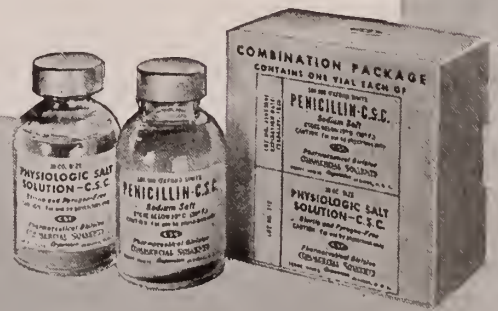
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1. Am. J. Dis. Child. *66*:1 (July) 1943.
2. Nebraska State Med. J. *29*:15 (Jan.) 1940.

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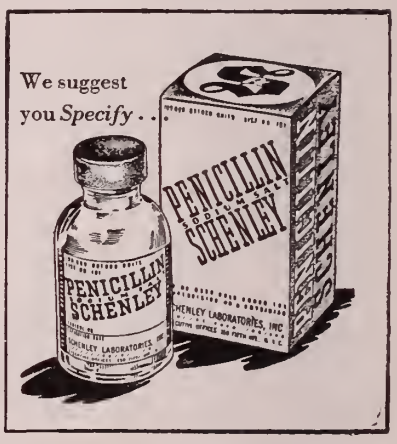


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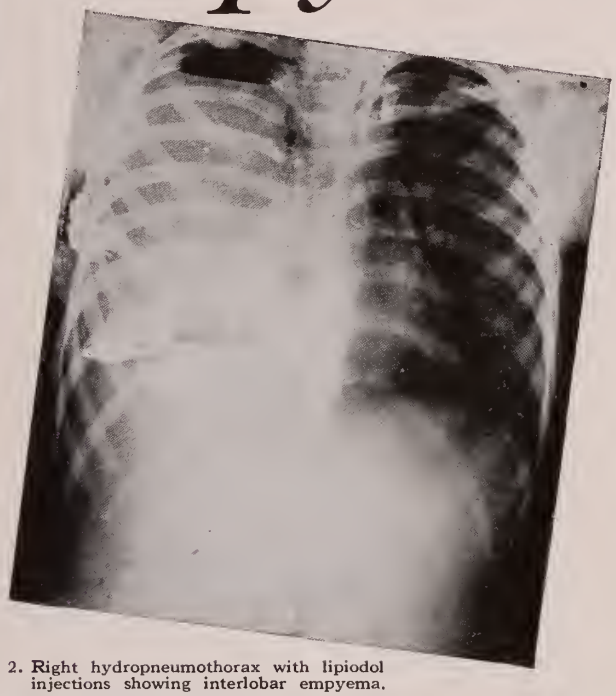
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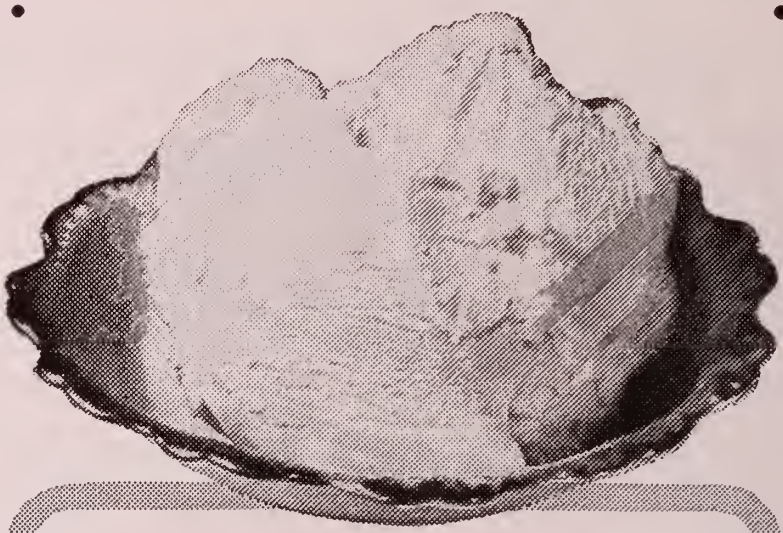
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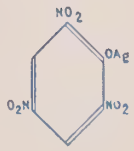
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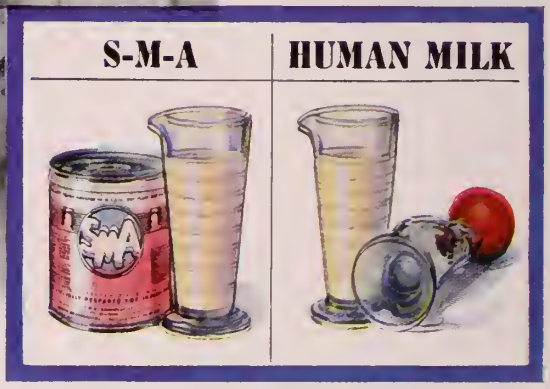
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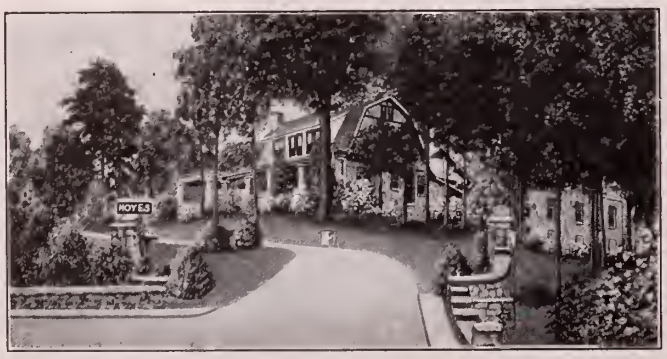
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**Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154; Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60; Proc. Soc. Exp. Biol. and Med., 1934, 32, 241; N. Y. State Journ. Med., Vol. 35, 6-1-35, No. 11, 590-592.*

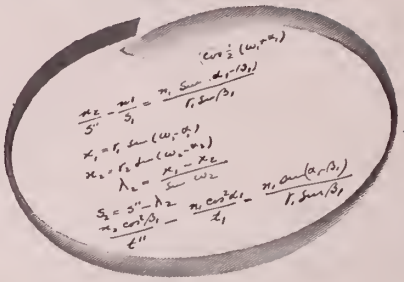
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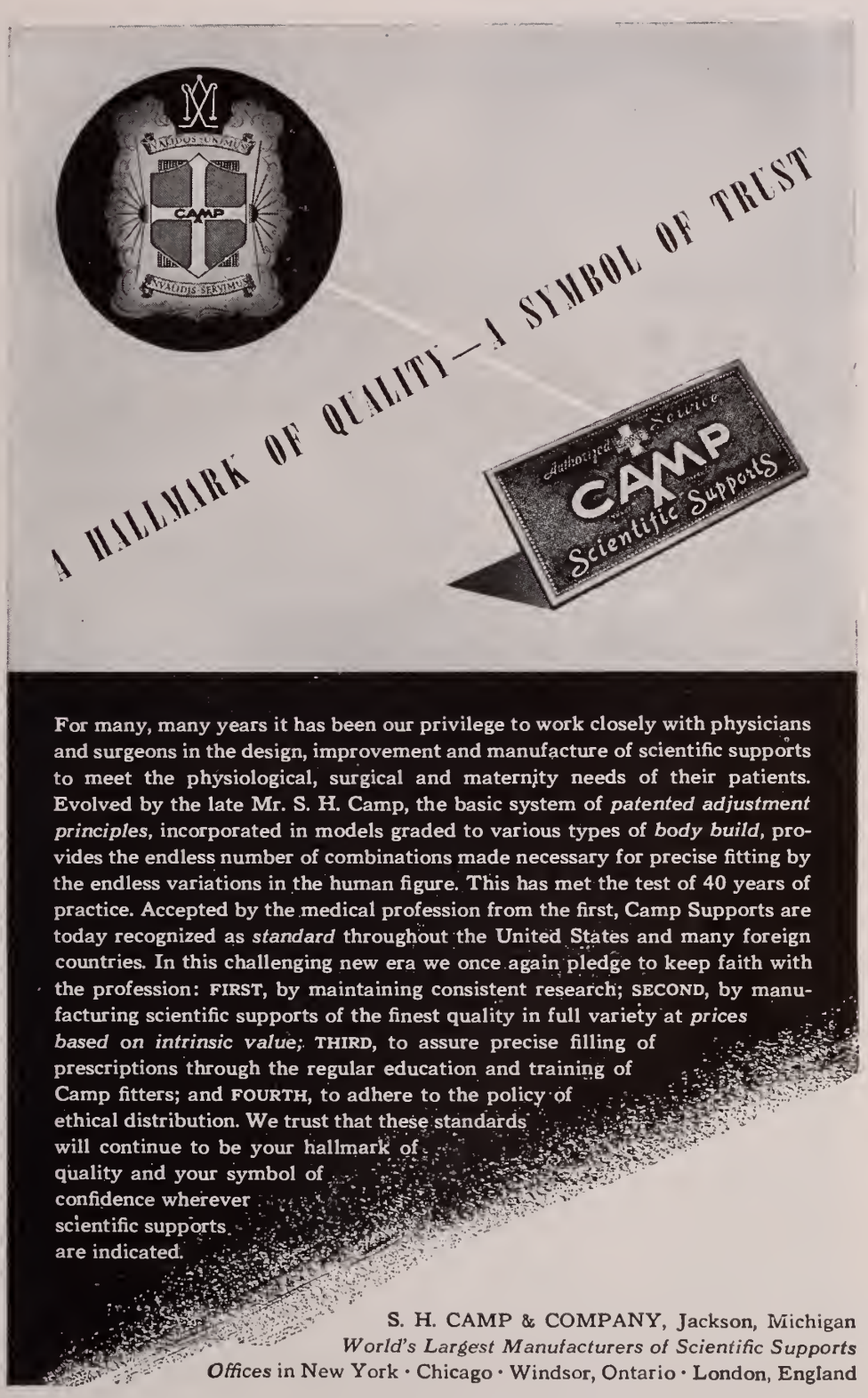
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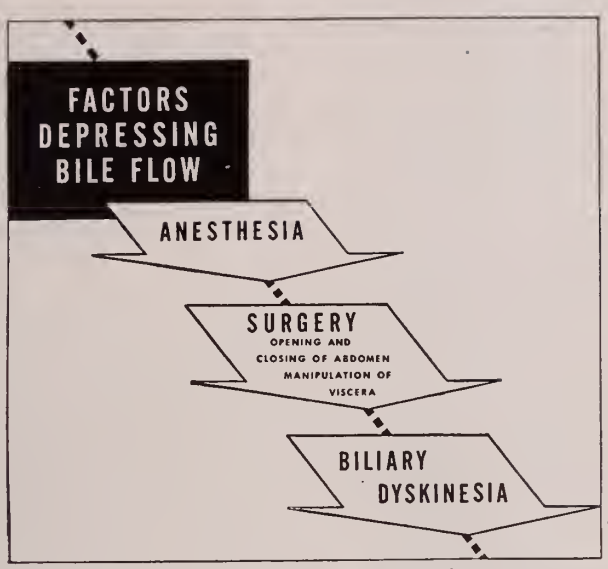
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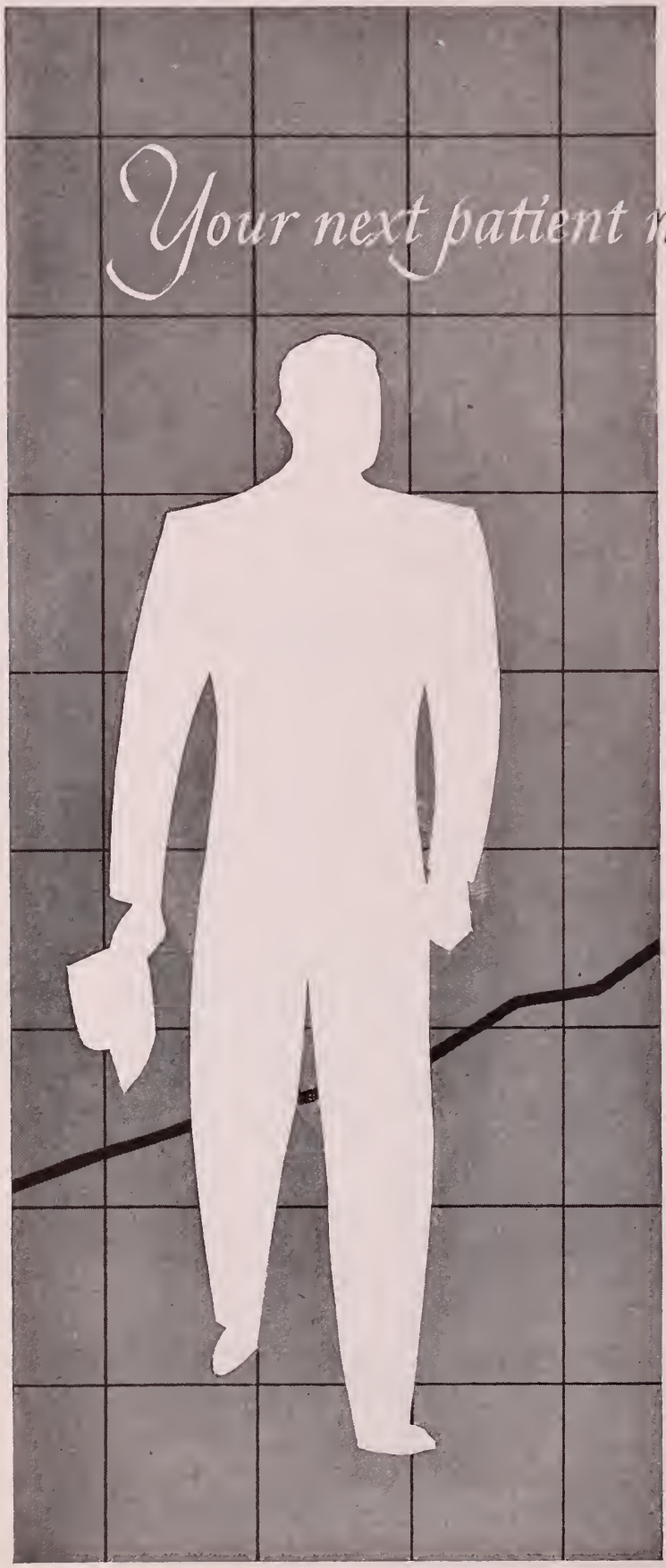
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*Blotner, H., and Hyde, R. W.: New England J. Med., 229:885, 1943.

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A SUCCESSFUL NEW METHOD OF SUSPENDING THE PROLAPSED TRANSVERSE COLON

MARVIN SMITH, M. D.
MIAMI

In discussing the subject of prolapse of the transverse colon it hardly seems necessary to enter into detailed description of the condition. In general terms it is a low sagging of the transverse colon. I would deal here with a transverse colon hanging very low in the pelvis with two acute angulations, one at the hepatic angle and the other at the splenic angle. No general visceroptosis is being considered in this paper. By giving the barium meal today and making the roentgenogram tomorrow, one gets the true position of the colon, but not by barium enema.

The patient is usually a thin person past 30 years of age and is more apt to be a woman. She suffers from severe persistent constipation or obstipation, or she may have alternating constipation and diarrhea. The symptoms are common knowledge to the physician—headaches, nausea, dizziness, weakness, failing vision, lack of energy and strength, loss of weight, arthritis, premature old age and numerous other complaints. The patients with this affliction are usually discouraged. Often they have been to this physician and to that one. They have had the rest in bed treatments with attempts to fatten, the electricity, the forced feedings, all the drugs and vitamins available, and abdominal supports, but still they are sick. They suffer from mechanical hindrance to the passage of normal bowel residue. Also, they suffer from trauma of the sensitive pelvic organs caused by the low-hanging colon. If these persons could lie down all their lives, they might get some relief, but when they have to stand erect the fecal residue is not able to climb from the bottom of the abdominal cavity straight uphill to the splenic angle and then negotiate the sharp curve.

Since admittedly severe prolapse of the transverse colon cannot be handled successfully by any means other than surgical, it behooves the surgeon to wrestle with the problem until a solution is found and a method of correction is perfected. In the meantime it is only fair that he try out plans that have already been evolved, perform the operations and study a series of cases for himself on an impartial basis. Then he is in a position to evaluate the results. I invite any capable surgeon to select a series of cases of severely prolapsed colon and carry out the plan of procedure that I am advocating in this paper. I can assure him of a high percentage of success.

Rovsing[1] introduced an operation for suspension of the transverse colon about thirty years ago. I have used the method a number of times. Gant[2] introduced his method of fixation many years ago. Horseley introduced his plan about twenty years ago. I have employed these methods many times with a fair degree of success. For the last few years, however, I have resorted to a method of my own planning. Like the other methods, it has its faults and cannot be pointed to as a thing of perfection, although I believe that it has some features worthy of consideration.

The technic is as follows: Raise the colon and greater omentum from the pelvis and place the transverse colon across the epigastrium along the line of the greater curvature of the stomach. Lift the greater omentum up over the anterior surface of the stomach and introduce two rows of interrupted strong intestinal sutures through the omentum and the serosa of the stomach, bringing these two surfaces in close contact. The two lines of interrupted sutures are about ¾ of an inch apart and are placed more or less parallel to the long axis of the stomach. Since the greater omentum is normally supported by the transverse colon and the stomach, its use in this capacity does not impose any increased weight or burden upon the stomach. Then again, the suturing cannot endanger any of the vital blood supply to the colon. Firm union promptly takes place between the omentum and the surface of the stomach.

Many times I have checked the position of the colon in these cases by roentgen examination months and even years after the operation and have found it holding in good position with the acute angulations corrected. It is well to require the patient to remain in bed twenty-one days following this operation so that the union may become firm. Also, it is well to have the patient apply an abdominal binder with a little pad over the pubis before getting out of bed in the morning. It is expedient to use this support for a few weeks to insure a firm attachment, just as in cases of hernia some form of protection should be worn for a month or two. It has been most grati-

Read before the Dade County Medical Society, April, 1945.

fying to me to see these long time sufferers obtain relief after this simple surgical procedure and to know that their bowel function has been restored approximately to normal. Occasionally it becomes necessary to resect the transverse colon on account of its extreme redundancy, or because it has become definitely diseased and now causes alternating constipation and diarrhea. Rankin[3] mentioned this procedure favorably.

In his *Practice of Medicine* Osler[4] laid stress upon the abdominal binder in cases of prolapsed colon and readily admitted that the refractory cases must be treated surgically. Bassler[5] stated that extreme prolapse of the transverse colon is greatly benefited by surgical treatment. Witherspoon[6] strongly advocated suspension of the transverse colon.

My efforts during the past years to bring a measure of relief to those who suffer from prolapse of the colon have given me a great degree of satisfaction. I make this earnest appeal to physicians everywhere to put aside skepticism, withhold criticism and face this difficult problem honestly and squarely with an open mind. After having spent many years in this work and having performed a great many of these operations, I can assure them that the success that will crown their efforts will recompense them with satisfaction and happiness unbounded. I would empha-

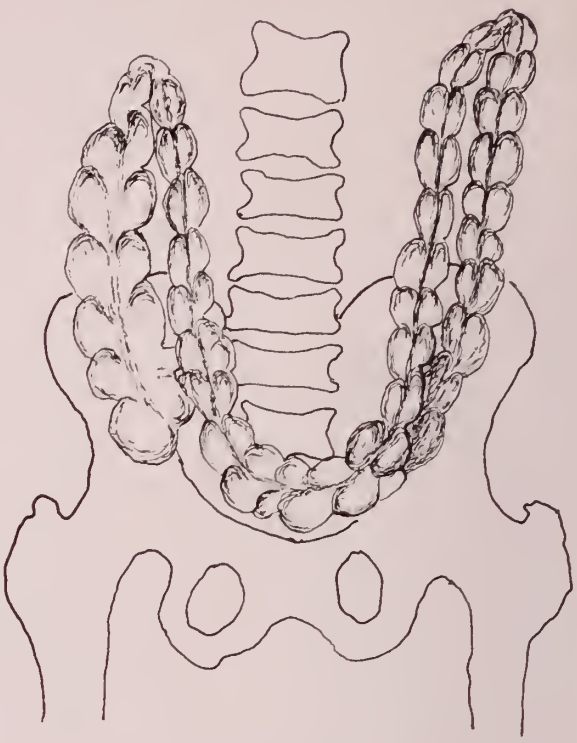


Fig. 2. Prolapsed transverse colon

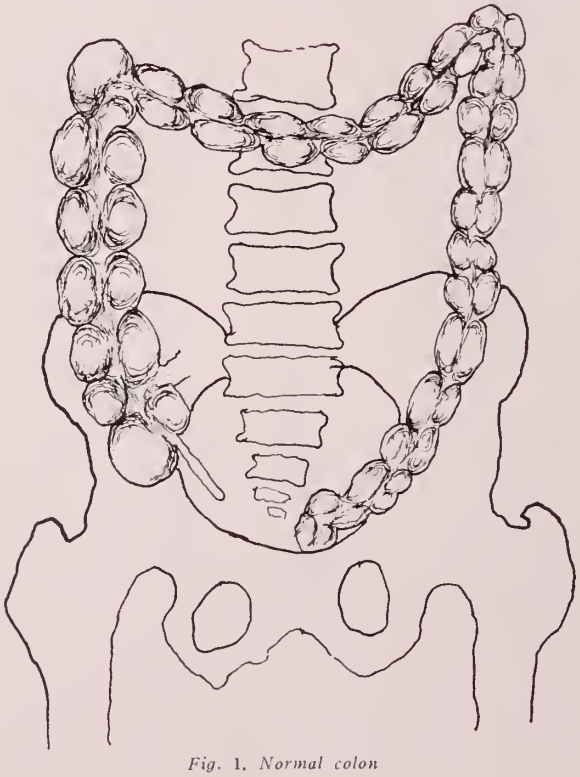


Fig. 1. Normal colon

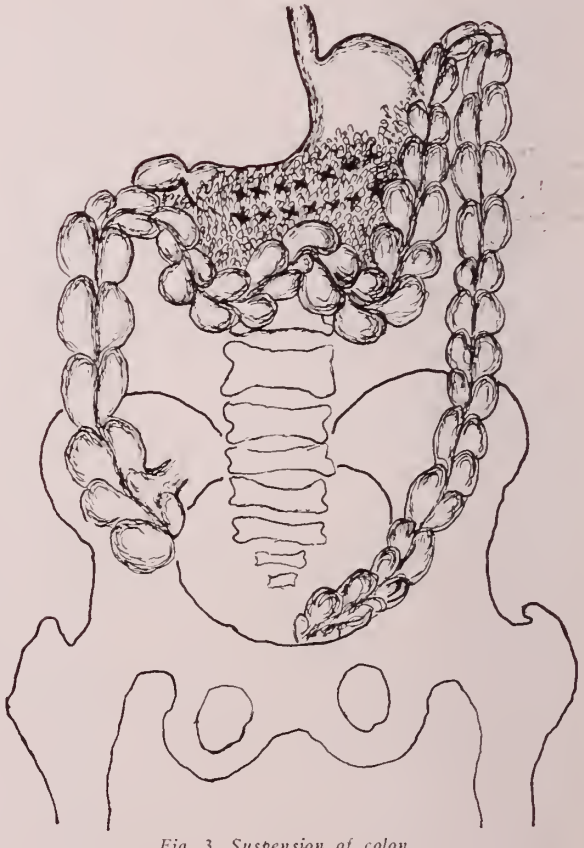


Fig. 3. Suspension of colon

size the simplicity and safety of this operation and the high percentage of excellent results that it gives.

The late Lord Moynihan,[7] whom it has been my pleasure to know personally and to have visited at his place in Leeds, England had this comment to offer with respect to advances in medicine and surgery, including prolapse of the transverse colon, which at least shows an open mind: "My experience has been full of surprises. Old beliefs so slow to perish have been undermined, and new faiths, so slowly fashioned, have been painfully accepted. And now I do not hesitate to say that the whole question is one which will have to be considered by all of us and to be put to the proof. It cannot be dismissed with a shrug or a sneer, for there is truth in the matter. Among much that is dross, lies a nugget of pure gold."

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800 S. W. 19th Ave., Zone 35

BENZEDRINE SULFATE THERAPY FOR URTICARIA IN CHILDREN

SAM J. ROBERTS, M.D.
MIAMI

The treatment of urticaria in children has perhaps taxed the resources of many. It is a familiar picture with its tormenting hours and fitful, evanescent behavior, persistently returning as it is wont to do after all seems well. The failure of many drugs and the technical and practical difficulties of injections caused the attempt here reported to alleviate an often harassing problem.

The first several patients were treated without any reasonably accurate record. It became fairly clear, however, that the drug benzedrine sulfate had merit. The following cases are presented.

Report of Cases

Case 1.—T. S., aged 1, after a severe initial attack of urticaria was given 2½ mg. of benzedrine sulfate every four hours. Relief was obtained within three hours. This medication was continued every four hours, as tolerated, for three days. There was no recurrence.

Case 2.—S. C., aged 3½, received 2½ mg. every three hours with relief following the second dose.

Case 3.—M. M., aged 3, was given 2½ mg. every four hours and obtained relief in twenty-four hours.

Case 4.—R. W., aged 2, received 2½ mg. every four hours with relief in twenty-four hours.

Case 5.—H. P., aged 3½ was given 2½ mg. every four hours for a rash which appeared on the seventh day after the child had received tetanus antitoxin. No appreciable results of this therapy were observed.

Case 6.—O. L. W., aged 2, had a temperature of 101 F. when first given 2½ mg. of benzedrine sulfate for urticaria. Immediate relief was promptly followed by recurrence when the drug was withdrawn, but relief again ensued when it was continued in doses of 2½ mg. every five hours.

Case 7.—S. R., aged 9, was at first given 2½ mg. every three hours with no appreciable effect in twenty-four hours. The dose was increased to 5 mg. every four hours with immediate relief.

Case 8.—M. M., aged 4, received 2½ mg. every three hours and obtained relief in a few hours.

Case 9.—B. F., aged 4, was given 2½ mg. every four hours with no effect during the first twenty-four hours. When the dose was increased to 5 mg. every four hours, the urticaria faded completely within eight hours.

Case 10.—A. B., aged 6, had chronic urticaria. He was relieved twice by benzedrine sulfate, but further observation was impossible because the family moved away.

Comment

The variable individual factors and the potential toxicity of benzedrine sulfate make the estimation of dosage difficult.[1] Ehrich and Krumbhaar stated, however, that adults have received 150 mg. daily for six months without apparent ill effects. They mentioned other instances tending to prove that there is a reasonable margin of safety. Nevertheless, especially in children the action of the drug should be observed carefully for symptoms of toxicity.[2, 3] The need for adequate dosage is illustrated in cases 7 and 9. Fluids and laxatives should be employed properly.

Summary

No attempt is made to discuss the etiology of urticaria and its implications. Ten cases are briefly summarized in which this disorder occurred in children and was treated with benzedrine sulfate. From this small series it is concluded that the action of this drug in urticaria is of value.

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MEDICINE IN THIS CHANGING WORLD

J. BRADEN QUICKSALL, M. D.
ST. PETERSBURG

This country is today in the midst of a social revolution which has come on so slowly and so insidiously that many have been unaware of what has taken place. It is not my intention to discuss the reasons for this change in social consciousness. I only mention it in relation to the profession in which the members of this society are engaged, the art and practice of medicine.

For medicine is an art. Medical men today are the one remaining group of those who comprised the guilds, men of skill who became, because of their individual ability, so proficient that they received fees for services. In times past there were many guilds. In the seventeenth century, the silversmith, the draper, the surgeon, the ironmonger and the weaver, all were craftsmen who worked as individuals and rendered a high degree of skilled service in their respective fields. One by one, in this changing world, these crafts have been forced by mass production into groups who, for their own protection and to supply the needs of the masses, have had to give up their individual craftsmanship as such. The industrial revolution of the eighteenth century typified this change in service. At that time, because of the increased demand for common cotton clothing, the entire guild of weavers was forced out. Most of the guilds, with the exception of medicine, which has not resorted to mass production, have disappeared. Medicine continues to remain an art and an individual skill.

But scientific progress strangles the art. The spoons which were once so painstakingly made and stamped by a hallmark are now stamped out by the thousands. The hand-loomed wool is now replaced by machine-made fabrics, which are available to the multitude. With all but medicine, mass production and the trades have replaced individual skills. Gradually trusts, mergers, monopolies and cartels have begun to dominate the American scene until they have destroyed free markets and fostered big government as the only entity able to compete with the conflicting plans of various pressure groups. The result is that the public good is being increasingly subordinated to the gain and graft of the pressure groups of government agencies; and medicine is part and parcel of the professions and trades which are being insidiously regulated to the extinction of individual effort.

What is the reason? With every action there is a reaction. If Community Plate replaced the silver spoons made by the guild, it was because the people needed more good spoons than the guild could supply. If eventually the government regulated the manufacture of silver spoons, it was because the monopoly which resulted from the centralization of industry fell into the hands of selfish men who, through the intricacies of modern economy, attempted to amass for themselves a fortune.

Perhaps there is a similar analogy in medicine. With the progress in science, so much more may be offered to the individual person in health and happiness than the present guild system, or what is known as the free practice of medicine, can supply that there has been an upsurge from the mass to replace the system with something that can give the American people a standard of medical care within their means which will parallel the advances that have been made in pathology, immunology, surgery, pharmacology and medicine in the last thirty years.

At this point one must admit that the practice of medicine as a free enterprise has fallen down. Under the individual fee system the majority of the people cannot get adequate medical care. If one carefully analyzes the multiplicity of fees surrounding the care and guidance of the sick under the individual practicing physician, this charge will not be open to question. Physicians, surgeons, consultants, pathologists, laboratory technicians, hospitals and druggists have all, following the growth of science, formed a huge web, in which none but the rich or the very poor, who have free clinical facilities, can secure adequate medical care.

Because the right to health, to quote Henry Wallace, is one of the four freedoms of man, and because the practice of medicine, as it is today, has not met this challenge, these are the two basic reasons for the various schemes and plans being advanced to bring adequate medical care to the mass of men of whatever economic level. These plans have come as part of a changing social consciousness. There are plans which recognize the right of children to education, and the right of the individual citizen to social security in old age, to adequate medical care and to decent burial. Some of these rights have long been recognized and taken care of without too much worry. The public school system has been estab-

Read before the Pinellas County Medical Society, May 4, 1945.

lished for many years. The pension system, starting with the railroads and large corporations, has been recognized as paying dividends for a long time. Group medical plans in industry started with the coal miners and have gradually been extended as was the educational system.

Medicine, the last of the guilds, has lagged behind. The attitude of the American Medical Association to all social plans, and by that I mean plans of medical care which look to the greatest good of the greatest number, all have been on the negative side. The need may have been seen, but the effort to keep the profession a guild, wherein the more diligently an individual member pursues his private gain before he contributes to the public good, has long been fostered. It is my belief that it has been fostered to the extent wherein the Association will hang itself with its own rope, unless something other than the entirely negative opposition to attempts of social progress, such as are offered by the American Association of Physicians and Surgeons and similar organizations, is offered.

The attempted solution of this problem has been gradually evolving. It started with charity services in hospitals fifty years ago, and outpatient services. Then the United States Public Health services and the various clinics, such as prenatal, venereal, well baby and immunization, were followed by school inspection, and later industrial compensation came about without too much opposition from physicians. Eventually, however, when the Veterans Administration began to take in the great mass, with the results which are now public knowledge, and the Wagner-Murray-Dingell bill came before the Congress, their sentiments rose to the magnitude of labor pains of the worst sort. But such labor pains are necessary. In this changing world of social consciousness there must be some other system than the present plan of individual practice to meet the needs of all, and if the profession cannot supply it, governmental groups will foster and force upon it one of their devising.

The fact that physicians cannot meet the needs of the people is not the fault of the practitioners themselves, who in my opinion are as a group the highest educated and most socially minded men in every community. This failure is the result of a technocracy of medicine which has slowly evolved, under which the conscientious physician may not longer practice to the best advantage of his patient without many technical aids, all of which so contribute to the expense of his care that only those persons in the higher income brackets may afford them.

Thirty years ago medicine was an art. The men of skill, the Oslers of medicine, were artists. They were without the complicated laboratory and technical workers their successors must have today. With the present advances in pathology, laboratory diagnosis, roentgenology and pharmacology no physician, no matter how skilled, is able to give his patient the best without these services, which are all on an individual basis and which are all charged to the patient. To overcome this situation the government has tried to regulate the practice of medicine, as it has tried to enforce numerous regulations in other fields, with sad results. The public, through the press and lay magazines, is now familiar with the inefficiency of the Veterans Administration, which has attempted to operate with lay management and hired doctors working at one third of what they could make in private practice. Also, those who have had experience in dealing with the Bureau of Child and Maternal Welfare see the results of bureaucratic medicine.

These are examples of bureaucratic medicine which may now be observed in operation. Yet the need for medical care is so great that there has been introduced the Wagner-Murray-Dingell bill, with which all are familiar and which is an attempt to socialize medicine. It is to be remembered that this bill was introduced because there was a crying need of change in the manner of administration of medical service. The profession may not approve of it, but physicians must admit that had there been nothing wrong, this bill, which is to cover all the social needs of the community, would have contained no reference at all to medicine.

One must not overlook the fact that the Wagner-Murray-Dingell bill pertains not alone to medicine by any means. It is part of a larger plan for social betterment, which bespeaks the rising social consciousness taking place in the world, whether in Russia, Great Britain, the United States or elsewhere. It has its parallel in the Beveridge plan, which has been accepted in Great Britain. This bill not only includes the right to health, but also covers an advanced type of old age security, the right to education, decent burial, unemployment and sickness insurance. Because the bill is so broad in its social aspects, I believe that it, or some modified form of it, will be passed. It will be passed in spite of all the opposition which organized medicine can muster

unless the members of the medical profession can themselves provide a more satisfactory plan for the health and welfare of the people as a whole.

I believe that I have a workable plan of such a nature that if even the state offers medical service free of charge, every conscientious physician will be able to make a living comparable to men in the other professions with the same education and skill. He may not make what he is making at present. In fact, it appears that all will have to take a cut to preserve the profession. It is my opinion that physicians, if cognizant of this changing world with its increased social consciousness, will be willing to take a monetary reduction of income to supply a service which will provide adequate care for all, and that they will eventually get commensurate income and social security for men of skill and opportunity for intellectual expansion.

I advocate group practice and the pooling of resources, both intellectual and physical, with the entire business management under lay personnel. The group would employ trained social workers, a credit manager, a personnel manager with a staff, trained office assistants, nurses and stenographers; and there would be a private switchboard and routing service for all. It would provide group health and retirement annuity insurance for its members, and fundamentally, it would be administered in policy by a senior board of its own members, all highly qualified physicians.

"Why it sounds like the Mayo Clinic," my wife remarked. Well, why should not St. Petersburg have the equivalent of a Mayo Clinic? I will grant the Mayo Clinic no advantage as to comparative ability of their raw material in physicians and that available in St. Petersburg. What makes that institution outstanding is the management and cooperation which allow the individual physician the fullest opportunity to develop himself and render service to his patients.

There is a marvelous opportunity in St. Petersburg to establish one or more groups which will fulfil the social need and stave off any bureaucratic encroachment upon the profession. With proper organization, it is not too much to say that with this opportunity and location there might be established a clinic which would eventually gain national recognition. Let the profession forget personal gain for a few years. Perhaps with a cooperative plan in which service to the patient is the first consideration it would expand to a point where its members would all gain prestige far beyond anything that they know at present.

I would emphasize one point. If physicians give service to the people, it little matters whether there is state medicine, free medicine, or what have you. The patient, in a matter of health, is always going to the place where he may obtain honest and efficient service, and if his health or his children's health is at stake, he will pay within his means if he knows he will get the best.

The plan which I offer in contradistinction to bureaucratic or what is commonly called state medicine is that of cooperative medicine. The idea is not new nor is it original. It is essentially that of a group cooperative clinic, whose staff is not particularly interested in personal gain. It is organized for the purpose of rendering the patient a complete medical service for the lowest possible cost and of taking the burden of economic problems from its members. It allows the physician to divorce business from medicine and remove all but intellectual competition with his fellow practitioners. It is the basis on which all well organized clinics in the country operate. They eliminate personal jealousies and competition amongst their members, a plan which makes for the more efficient practice of medicine.

The ideal setup in St. Petersburg would consist of two units. It would include all physicians who practice and wish to cooperate, regardless of their age. The two units would be tied by a central business unit and would exchange members from time to time. The central unit would be a board of senior consultants, ranking in their specialties, who would function in an advisory and directing capacity, and their skill, knowledge and training would be available to all. They would function as a committee to place all the members as to their skill and ability in places where their service would be the most useful. They would guide the policy of the clinic as a whole. The central business unit would have a credit bureau, trained stenographers, secretaries and social workers under a lay head and would administer all financial affairs of the group.

The group would provide working hours for the members commensurate with their efficiency and physical well being. It would also provide group retirement and health insurance and regular vacations with pay.

A rough outline of this group is presented.

It is essential that a druggist be included in each group. When one considers the high cost of drugs, the tremendous inventory of useless

drugs and proprietaries carried by druggists, and the constant pressure from drug houses pushing proprietary remedies such as vitamins, it becomes apparent how much can be saved the patient by having a pharmacist associated with the clinic to dispense what is needed at a minimum cost and overhead. No provision has been made for a dentist, but I believe that this branch is an essential part of medical service and may be eventually integrated with any medical plan through satisfactory liaison with confreres in the dental profession.

Gentlemen, in closing let me say as was said one hundred and fifty years ago by one of the founders of our republic, "If we do not hang together, we shall all hang separately." Let us cooperate in a manner which will invalidate any plan of bureaucratic centralization of medicine that may be presented. Let us provide a service engendered from unselfish cooperation amongst the members of the profession that will be so satisfactory in rendering personal medical service that we do not have to give state medicine even a passing thought.

526 13th Ave. N. E., Zone 4.

ABSTRACTS OF MEDICAL ARTICLES

FIELD TRAINING OF HOSPITAL CORPSMEN, LT. FREDERICK H. BOWEN, U. S. NAVAL RESERVE, AND LT. COMDR. LAMAR B. HARPER, U.S.N., HOSP. CORPS QUART. **17**: 5-9 (MAR.) 1944.

In this article the advantages and manner of training enlisted medical personnel in combat and rest areas are described. The authors present their experience in the hope that the information will be helpful to others.

In a field hospital of the United States Marine Corps in the South Pacific it was necessary to care for large numbers of battle casualties during short periods, but in the intervals there was relative inactivity. In order to treat the recurrent influx of casualties more efficiently, during the quiescent periods additional instruction was given three groups of key hospital corpsmen: the men in the dressing room, in the surgical wards (nursing), and in the operating room.

The efficiency of the four man dressing room team was increased by a review of first aid and careful training in the application of dressings that would stay in place, control hemorrhage and rarely require attention before evacuation, which usually took place within the first twenty-four hours. Application of the Thomas splint according to the method described in the Military Medical Manual was taught, and all medical officers were asked to utilize this method. This uniformity was extended to other procedures, including the use of the single type of stretcher suitable for evacuation planes, thereby avoiding rehandling of litter evacuees. Thorough instruction was given in the use and abuse of the tourniquet, and there was special training also in the administration of plasma and blood.

Deficiency of knowledge of surgical nursing care was corrected by giving lectures to four selected corpsmen. Since delayed evacuation of patients suffering from gunshot wounds of the abdomen was important, a special watch was maintained in these cases. Instruction was given in the subcutaneous and intravenous administration of fluids and in how to keep the needles in place. Preparedness and anticipation of the medical officer's wants were keynoted.

To increase the understanding and efficiency of operating room personnel, "dry" operations were held, and actual operations were reviewed to correct mistakes. It was stressed that there would be no lowering of surgical standards in the field.

This training in a combat area proved particularly efficacious. The authors deplore the tendency to stop training in a forward zone for here it is doubly effective, probably because of the immediate use of the knowledge acquired and also the understandable sympathy engendered by contact with wounded men. The well trained assistants increased the medical officer's effectiveness by enabling the medical personnel to give better attention to more patients in a shorter period of time, and keeping the men busy protected them against the psychic trauma of harassing warfare.

In a rest area it was arranged to make use of the facilities of a civilian hospital in an Allied country to train hospital corpsmen in operating room technic and in the administration of open drop ether anesthesia. This practical training was supplemented by a course of lectures on such subjects as first aid and minor surgery, field

sanitation, malaria control, nursing care, naval forms, gas warfare, anesthesia and operating room technic. The question and answer method was most helpful, enabling the medical officers who carried out the lecture program to discover the intelligent and informed men.

This experience confirmed the view of the authors that the instruction of hospital corpsmen should be restricted only by their receptivity and by the time and material available, rather than be confined to the barest fundamentals. They concluded that the value of continued training and retraining of these men cannot be overemphasized.

HERNIAS; REPORT OF TWO UNUSUAL CASES, CAMP, CAPT. MILTON N., AND ANDREWS, MAJ. SHERMAN E., CAMP POLK, LA., AM. J. SURG. **63**: 259-260 (FEB.) 1944.

The large number of patients with hernia seen on the surgical services of Army hospitals affords the opportunity for observing wide variation in the types treated. In this report 2 unusual cases, 1 of left superficial interparietal inguinal hernia and 1 of bilateral direct inguinal and femoral hernias, are described.

The interparietal inguinal hernia is an uncommon type located in the inguinal region lying between layers of the abdominal wall. In the case reported, the hernia was classified anatomically as of the superficial variety with the sac lying between the aponeurosis of the external oblique muscle and the integument. The mass was about the size of a large lemon. It was observed in a patient who had always had an undescended left testicle.

The enlargement was above Poupart's ligament opposite and above the external inguinal ring, which admitted the index finger with slight difficulty. At operation, it was noted that the hernia had dissected itself upward from the external inguinal ring between Camper's and Scarpa's fascias for a distance of 2 inches. The hernial sac contained incarcerated omentum, testicle and fluid, all of which were released when the external oblique fascia was separated down to the external inguinal ring. The sac was excised at its neck after the placing of a purse-string suture, and two thirds of a moderate varicocele accompanying the spermatic cord was removed. By the performing of a "bottle operation," the distal portion of the sac was sutured above the testicle. Since the soldier requested repeatedly that it not be removed, the testicle was placed and fixed immediately below the os pubis in the upper scrotum. The postoperative course was uneventful, and the soldier returned to duty in thirty days.

The presence of both inguinal and femoral hernias in the same patient occurs infrequently. In the second case reported the patient had both right complete inguinal and femoral hernias and left incomplete inguinal and femoral hernias.

At operation, a curved incision 3 inches in length was made from above and parallel to the right Poupart's ligament extending downward over the femoral ring. The direct hernial sac, having a base of 1½ inches wide and protruding the same distance, was opened, and the femoral sac, measuring 1 inch by 1 inch, was peeled into the direct sac, which was purse stringed at its base. The stump was fixed beneath the right internal oblique muscle, and the femoral ring was narrowed by placing interrupted sutures between Poupart's ligament and pectineus muscle and fascia. Repairing the direct portion of the hernia was accomplished by suturing the conjoined tendon to Poupart's ligament and closing the external oblique fascia over the cord. The left inguinal and femoral hernias, being incomplete and asymptomatic, were not operated upon.

After thirty days of uneventful convalescence, the soldier was discharged to duty. An acute right epididymitis occurred two months postoperatively, which seemed late for a complication following the operation.

SOLITARY CYSTS OF THE KIDNEY; AN HYPOTHESIS OF COMMON PATHOGENESIS OF CYSTS. REPORT OF THREE UNUSUAL CASES, LOEB, MARTIN J., NEW YORK, UROL. & CUTAN. REV. **48**: 105-109, 1944.

Observations of a number of authors regarding the pathogenesis of solitary cysts of the kidney are presented together with the two contrasting opinions that these cysts are the result of congenital aberrations and that they are acquired because of some pathologic condition in the organ. The author presents the hypothesis that cysts in all parenchymatous organs are of congenital origin and are the result of identical embryologic aberration.

It is noted that a solitary cyst of the kidney may be located anywhere within the kidney, its size and location determining the symptoms. It may exert intrinsic or extrinsic pressure or both. If it is connected directly with the pelvis or by hiatus, the symptoms are modified; for one so attached the term pyelosynaptic cyst is introduced. The cyst containing serum causes symptoms arising from pressure; associated with the infected cyst are the symptoms of infection; carcinomatous invasion of the cyst overshadows all other symptoms.

Diagnosis is made by the presence of a mass, the symptoms it produces and roentgen studies. When a cyst is diagnosed, an operation is imperative even though the symptoms may be mild. To differentiate preoperatively between a cyst and another tumor of the kidney or any other tumor of the abdomen is not always possible. A cyst may be mistaken for a carcinoma, and the reverse may be true. At times, roentgenograms are typical of those portraying carcinomatous lesions.

The histologic structure of the wall of the cyst varies considerably; it is, however, determined by the pathologic change in the surrounding renal tissue. If fibrous tissue is present, it may have degenerated at the time the kidney is removed. Renal tissue in various inflammatory states may form the wall of the cyst.

In 1 of 3 unusual cases reported the cyst was connected with the pelvis (pyelosynaptic), and the inflow of urine from the pelvis produced two stones within the cyst. In the second case, with fatal termination, an infected cyst of the upper pole of the kidney became greatly enlarged, and 3 quarts of pus was evacuated from it. In the third case, the cyst occurred in an anomalous kidney having a bifid pelvis and a double ureter.

SYSTEMIC TOXIC EFFECTS CAUSED BY TOPICAL APPLICATION OF SULFANILAMIDE IN THE PERITONEAL CAVITY, LOEB, MARTIN J., NEW YORK, NEW YORK STATE J. MED. **43**: 447-448 (MAR. 1) 1943.

The impression gained from the literature that the introduction of sulfanilamide into the peritoneal cavity is a very useful and harmless procedure occasioned the report of the case presented in this article. Acute hemolytic anemia as a toxic manifestation of the sulfa drugs has been reported by many authors since Harvey and Janeway first described this type of anemia resulting from sulfanilamide. The literature contains no report, however, of toxic effects produced by sulfanilamide applied intraperitoneally.

It is mentioned that Crile noted that absorption of sulfonamide implanted in the peritoneal cavity may be more rapid than that following its application to wounds even though the blood levels do not rise so fast nor to levels so high as when equivalent doses are administered orally, 15 Gm. of this drug probably being the maximum safely implanted in the peritoneal cavity at any one time. The author concludes that the absorption depends upon the amount of the drug introduced and takes place much more slowly than when the drug is given by mouth.

That the topical application of sulfonamide is not always free from complications is indicated by the case reported. The retrocecal gangrenous appendix of a 19 year old boy was removed under spinal anesthesia, and 8 Gm. of sulfanilamide was introduced. Toxic manifestations began on the second postoperative day, and on the following day jaundice was present with bile in the urine. The hemoglobin estimation, 106 per cent preoperatively, was now 70 per cent, and the red blood cell count was reduced from 5,300,000 to 3,550,000. On the fourth postoperative day when the toxic manifestations reached their peak, the hemoglobin estimation was 32 per cent, the red blood cell count was 1,600,000, the white blood cell count was 28,000, and the young forms had risen 11 per cent. A blood transfusion was given, and the patient began to improve gradually. As the hemoglobin and red blood cells increased, the young forms diminished, the effect of the drug therefore being a destruction of red cells and not of the hematopoietic system.

The icteric index on the fourth postoperative day was 62.4; the direct reaction to the van den Bergh test was immediate and the indirect, 5 to 8 units; the excretion of hippuric acid calculated on the basis of benzoic acid was 2.31 Gm., slightly below normal. Whatever hepatic damage, if any, was undoubtedly secondary to the anemia caused by the drug.

The symptoms abated after the fourth postoperative day, and the process of recovery may have been hastened by the transfusion.

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(Terms expire Dec. 31, 1946)

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ONCE AGAIN—DISTRICT MEETINGS

For the first time since Pearl Harbor the physicians in the various medical districts will gather to discuss mutual problems, renew friendships and become better acquainted with the officers of the Florida Medical Association. The meetings will be held in October as follows: District A, Tallahassee, October 15; District B, Ocala, October 16; District C, Tampa, October 17, and District D, Miami, October 18.

Before arrangements were made to hold these meetings a vote of the Council was taken. The lifting of gasoline rationing; the relaxing of restrictions on the size of assemblies; the gradual return home of medical officers, and the need for fraternization on the part of civilian practitioners were the factors considered by the councilors when they decided to resume district meetings this year.

The meetings, which will be entirely informal, will be held in the evening. The officers of the State Association and several committee chairmen plan to attend as many of these meetings as possible. No scientific program has been arranged; instead, the officers will give brief addresses and reports will be made by the chairmen of the War Participation Committee, the Special Committee on Prepaid Hospital and Medical Care, and the Committee on Legislation and Public Policy. A general round table discussion will follow.

Plan to attend as many of the meetings as possible.

Frederick J. Waas.

BAN ON CONVENTIONS LIFTED

As this Journal goes to press, the Office of Defense Transportation has just announced that the ban on conventions will end Oct. 1, 1945. According to newspaper releases, the ODT acted on the recommendation of the Office of Reconversion. This ban, imposed last February, necessitated the cancellation of the 1945 meeting which had been scheduled for April in Jacksonville.

Apparently the way is now open for the Association's annual meeting in Jacksonville in 1946. The Board of Governors, at a meeting scheduled for October, will undoubtedly set the official dates for the 1946 convention.

Members of the Association who would like to read papers at the scientific sessions should immediately communicate with Dr. Herbert E. White, St. Augustine, chairman of the Committee on Scientific Work, or some member of his committee. To this committee falls the difficult task of arranging a program of varied interest, timely topics, and representative of the membership in the various parts of the state.

Officers of specialty groups are urged to prepare their programs at as early a date as possible. The forenoon of the day on which the annual convention convenes and the evening preceding are usually devoted to specialty group meetings.

Just as soon as the Board of Governors has decided on the meeting dates, an official announcement will appear in the Journal, and it may be possible to announce these dates at the district medical meetings to be held in October.

H. L. P.

MEDICAL LICENSES GRANTED

Dr. H. D. Van Schaick, secretary of the State Board of Medical Examiners, has reported that of the 101 applicants who took the examination of the Board, held in Jacksonville, June 25 and 26, 100 passed and have been issued licenses to practice medicine in Florida. The names and addresses of the 100 successful applicants follow:

Arnold, Sidney R., West Palm Beach (Louisville 1943).
Aswell, Charles J., Ville Platte, La. (La. 1944).
Axelrod, Stanley H., Detroit, Mich. (Cincinnati 1941).
Ballweg, Harry Albert, Daytona Beach (New York 1935).
Barash, Stanley, Miami Beach (New York 1942).
Bazilauskas, V. Faustin, Miami (Long Island 1942).
Benton, Curtis D., Atlanta, Ga. (Emory 1945).
Berezney, Paul L., Tampa (Marquette 1943).
Blau, Morris H., Detroit, Mich. (Wayne 1939).
Blood, Arthur M., Milwaukee, Wisc. (Emory 1945).
Bouland, Thos. G., Washington, D. C. (Med. Ev. 1945).
Bradley, Paul L., Dalton, Ga. (Emory 1943).
Brewton, Cecil B., Fernandina (Georgia 1945).
Buford, Clinton H. (Col.) Kansas City (Meharry 1944).
Buford, Edward T. (Col.) Kansas City (Meharry 1944).
Caine, Irving, New York, N. Y. (Long Island 1926).
Campbell, Franklin E., St. Petersburg (Tufts 1934).
Cordes, John H., Jr., Dade City (Emory 1943).
Coughlin, Paul J., Tallahassee (Tufts 1941).
Crumbley, James J., Jr., Sylvester, Ga. (Ga. 1945).
Daut, Richard V., Rochester, Minn. (Iowa 1944).
Deese, Earnest F., Dublin, Ga. (Emory 1945).
Deming, Pierson P., Durham, N. C. (Tennessee 1944).
Dickey, Robert F., E. Palestine, Ohio (Ohio 1937).
Edwards, Gordon L., Orlando (Med. Ev. 1945).
Ellingson, Oren A., Tampa (Wisconsin 1938).
Engle, Ralph L., Coral Gables (Johns Hopkins 1945).
Feintuch, Morris, Brooklyn, N. Y. (Long Island 1933).
Forman, Richard C., Navy Yard, S. C. (Rochester 1940).
Fortner, Donald E., New Orleans, La. (Hahnemann 1944).
Funk, Forest J., Atlanta, Ga. (Emory 1944).
Glaser, Benjamin, Camp Blanding (Columbia 1925).
Gordon, John E., Pittsburgh, Pa. (Pittsburgh 1935).
Gouldman, Edwin F., Miami (Maryland 1929).
Gumbiner, Bernard, W. Palm Bch. (Northwestern 1937).
Hallstrand, David E., Tallahassee (Emory 1945).
Hardie, Arthur L., Jr., Jacksonville (Va. 1944).
Hardman, James C., Washington, D. C. (St. Louis 1923).
Heller, Glenn H., Tallahassee (Ohio 1929).
Hendrix, John W., Cartersville, Ga. (Emory 1944).
Henry, Aubrey W. (Col.) Nashville (Meharry 1944).
Honigsberg, Alvin, Miami Beach (Cincinnati 1945).
Howell, Louis M., Durham, N. C. (Duke 1945).
Howell, William M., Navy Yard, S. C. (Jefferson 1932).
Hughes, Ray W., Lake Worth (Wayne 1916).
Humphreys, William F., Sycamore, Ga. (Georgia 1945).
Hutchinson, William R., DeLand (Med. Col. Va. 1934).
Hutson, James J., Jacksonville (Duke 1944).
James, George W., Venice (Tennessee 1940).
Jenkins, Valentine E., Miami (Emory 1945).
Johnson, Charles A., Jr., Elberton, Ga. (Emory 1944).
Jowers, Lawrence V., Lake Worth (Emory 1944).
Keller, Paul K., Orlando (Marquette 1940).
King, Everett S., Camp Blanding (Chicago 1926).
Knight, Victor H., Jr., Norfolk, Va. (Duke 1945).
Kope, Paul T., New Orleans, La. (St. Louis 1943).
Leinbach, Irwin S., Tampa (Pennsylvania 1933).
Lewis, Samuel, Brooklyn, N. Y. (Ecl. Cincinnati 1936).
Logan, William P., Lakeland (Nebraska 1940).
Low, Solas J., Miami Beach (Bellevue 1928).
McCallister, Archie, Tallahassee (Emory 1945).
McCloskey, Paul J., Tampa (St. Louis 1944).
Manalan, Samuel A., West Palm Beach (Indiana 1938).
Mayo, Lemuel E., Jr., West Palm Beach (Virginia 1934).
Merlin, Hyman, Miami (Emory 1945).
Migliore, Anthony D., Phoebus, Va. (Tulane 1928).
Monen, Sonya A., Brooklyn, N. Y. (Bellevue 1926).
Niell, Alfred G., Portage, Pa. (Tennessee 1928).
Nicholson, John B., Miami Beach (Tufts 1931).
Nix, Dillard L., Commerce, Ga. (Georgia 1945).
Nolan, John O. F., Providence, R. I. (Tufts 1940).
Olson, Edgar L., Miami Beach (Northwestern 1929).
Patz, Arnall, Elberton, Ga. (Emory 1945).
Price, Morris A., St. Augustine (Emory 1944).
Pults, Carl M., Lake Worth (Emory 1945).
Quattlebaum, Robert B., Americus, Ga. (Georgia 1945).
Ragland, Robert B., Durham, N. C. (Duke 1945).
Schaiberger, Elmer G., Saginaw, Mich. (Mich. 1928).
Schneider, Irvin C., Chipley (Tulane 1944).
Siegel, Ralph E., Welch, W. Va. (Rush 1937).
Skinner, Richard G., Jr., Jacksonville (Emory 1945).
Snow, Randall W., Hollywood (Pennsylvania 1940).
Sowder, Wilson T., Dallas, Texas (Virginia 1932).
Spence, George D., Baltimore (Johns Hopkins 1945).
Stocking, J. T., Jr. (Col.) Daytona Bch.(Meharry 1944).
Summerlin, Winston L., N. Y. City (Maryland, 1945).
Sutton, Janet B., Pensacola (Minnesota 1940).
Taylor, Gordon B., Hattiesburg, Miss. (Rochest. 1931).
Taylor, John E., Stuart (Emory 1945).
Thompson, Clyde T., Key West (Louisiana 1938).
Thompson, Robert E., Valdosta, Ga. (Penn. 1939).
Walker, John R., Fort Dodge, Iowa (Iowa 1943).
Warkentin, John, Daytona Beach (Northwestern 1943).
Watson, Stephen L., Jr., Lakeland (Louisiana 1941).
West. Rodney T., Key West (Northwestern 1935).
White, Beverly H., St. Petersburg (Duke 1944).
White, Paul J., Chicago, Ill. (Iowa 1941).
Wilhoit, William M. C., Quincy (Duke 1944).
Williams, Joseph R., Miami Beach (Ohio 1936).
Wilson, Jay D., St. Augustine (Oklahoma 1944).

RESPIRATORS

The National Foundation for Infantile Paralysis, 120 Broadway, New York, has published a valuable booklet entitled "Respirators: Locations and Owners." This list of adult type respirators or "iron lungs" has been compiled from records available May 1, 1945, and contains only those machines which have been approved by the Council on Physical Medicine of the American Medical Association.

For Florida, the following respirators are listed:

Bartow (Polk)—Polk County 40 & 8, American Legion.
Bushnell (Sumter)—Mr. J. H. Popham.
Carrabelle (Franklin)—Camp Gordon Johnston (Owned by U. S. Army).
Clearwater (Pinellas)—Mr. L. G. Cromartie.
Gainesville (Alachua)—Alachua County Hospital.
Jacksonville (Duval)—St. Luke's Hospital (3).
Lakeland (Polk)—Morrell Memorial Hospital.
Leesburg (Lake)—Theresa Holland Hospital.
Miami (Dade)—James M. Jackson Memorial Hospital (3). (1 owned by American Legion, 1 owned by Kendall Hospital).
Miami Beach (Dade)—AAF Regional & Convalescent Hospital (Owned by U. S. Army).
Ocala (Marion)—Munroe Memorial Hospital.
Orlando (Orange)—Orange General Hospital.
Pensacola (Escambia)—Preventorium—T. B. Sanitarium (Owned by Escambia County Medical Society).
St. Augustine (St. Johns)—Flagler Hospital (Owned by citizens of St. Johns County).
St. Petersburg (Pinellas)—Mound Park Hospital.
Starke (Bradford)—Camp Blanding (Owned by U. S. Army).
Tampa (Hillsborough)—Drew Field (Owned by U. S. Army). Tampa Municipal Hospital (2).
Umatilla (Lake)—Harry-Anna Crippled Children's Home.
West Palm Beach (Palm Beach)—Good Samaritan Hosp.

Smoothage
IN COLITIS MANAGEMENT..



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The demulcent smoothage effect of Metamucil makes it a valuable adjunct in the various forms of colitis—spastic, atonic and ulcerative.

The tendency of Metamucil to incorporate irritating particles within the intestinal residue assists materially in minimizing irritation of the inflamed mucosa.

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is economical because stock solutions may be dispensed quickly and at low cost. Stock solutions keep indefinitely.

Mercurochrome is antiseptic and relatively non-irritating and non-toxic in wounds.

Complete literature will be furnished on request.



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MEDICAL OFFICERS RETURNED

Dr. Courtlandt D. Berry of Orlando, who entered military service on Sept. 23, 1943, received his discharge on Sept. 18, 1945. His address is Exchange Building, Orlando. He held the rank of Captain in the Army.

Dr. Harold O. Brown of Tampa, who entered military service on April 7, 1941, received his discharge on July 12, 1945. His address is 404 First National Bank Building, Tampa. He held the rank of Lt. Colonel.

Dr. O. O. Feaster of St. Petersburg, who entered military service in November 1942, received his discharge on September 27, 1945. His address is 166 4th Ave., N. E., St. Petersburg. He held the rank of Lt. Colonel.

PUBLIC HEALTH DOCTORS NEEDED

Graduates of schools of medicine approved by the A. M. A., who are interested in preventive medicine, are asked to communicate with the Merit System Office in Gainesville for information concerning vacancies with the Florida State Board of Health and County Health Units. Appointments to full-time positions will be made in accordance with Merit System Rules. No permanent appointments are given to physicians who are above the age of 45 upon entering the field of public health. Address Merit System Supervisor, Merit System of the Florida State Board of Health and Crippled Children's Commission, Professional Building, Room 201, Gainesville, Florida.

STATE NEWS ITEMS

Dr John R. Boling, president of the Association, has just announced the appointment of Dr. Lloyd J. Netto, West Palm Beach, as a member of the Committee on State Controlled Medical Institutions. Dr. Netto succeeds the late Dr. W. O. Arnold.

The president also appointed Dr. W. W. George of West Palm Beach as a member of the Committee on Medical Postgraduate Course to succeed the late Dr. T. E. Buckman.

Dr. Henry Hanson, Jacksonville, resigned as state health officer for Florida, effective September 25, according to an announcement by Governor Caldwell. The resignation stated that Dr. Hanson is retiring from public office.

In December 1909 Dr. Hanson was called to take charge of the State Board of Health Laboratory in Jacksonville and continued as bacteriologist until May 1916. From 1917 to 1919 he served as a medical officer in the United States Army, after which he again resumed his work in public health, this time in foreign lands. From 1919 to 1922 he was in Peru; for the next three years his work took him to Colombia and Venezuela, and then followed two years in West Africa.

In May 1927 he rejoined the State Board of Health as district health officer but the following month he became director of sanitation of the Jacksonville City Board of Health. On September 15, 1929, Dr. Hanson was appointed state health officer and served in that capacity until December 1935. He became state health officer for the second time in 1942.

At intervals between his association with the State Board of Health he traveled extensively for the Rockefeller Foundation, the Pan American Sanitary Bureau and the United States Public Health Service, as a specialist in tropical diseases.

Dr. W. E. Ross, Jacksonville, is spending the first three weeks of October in Boston and other northern cities, visiting clinics and other places of interest.

Dr. Thomas W. Hutson, Miami, who is a captain in the Medical Corps of the Navy, has just received orders to report for duty as chief medical officer on a hospital ship in the South Pacific.

Dr. John E. Burch, Miami, who is at Oxford, England, wrote to Dr. Homer Pearson recently, stating that he is now at Oxford University, at Wingfield Morris Orthopedic Hospital, for a month's postgraduate course. He also stated that he saw Dr. Joseph Stewart recently in London, where they were attending a surgical meeting.

Advertisement



From where I sit
by Joe Marsh

Best Way to Celebrate the Peace

We were sitting on Bill Webster's porch, talking about how we'd celebrate when the Japs surrendered.

Lem Toller allowed as how he was going to start his vacation then and there—and spend it fishing. Ed Mapes was going to take his family to Mountain City for a big feed and a picture show.

Dr. Walters had the last suggestion. "I'm going to pour a glass of beer and drink a toast to our fighting men," he says, "and that's as far as my celebrating's going to go. I'm going to make sure of being on the job next morning."

From where I sit, the doctor had the right idea. When Peace comes, there's going to be a whole new world to build . . . a big job to be done! A glass of beer, the beverage of moderation, and a good night's sleep to be ready for the task ahead—that's the right *way to welcome Victory!*

Joe Marsh

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THE NEW STRENGTH of 'Wellcome' Globin Insulin with Zinc, 40 units per cc., gives the physician greater flexibility in prescribing globin insulin to meet patients' needs. The lower strength is particularly suitable for milder cases where fewer units are needed for diabetic control. While the U-80 continues in wide use, especially for moderately severe and severe cases, the new strength enables the practitioner and patient to meet insulin requirements more closely.

Other recognized advantages of 'Wellcome' Globin Insulin with Zinc still hold, of course—the relatively rapid onset, the sustained action for sixteen or more hours covering the period of maximum carbohydrate intake, and the diminished activity at night minimizing the likelihood of nocturnal reactions.

The new 40 unit strength will be readily distinguishable by a distinctive *red* and tan label. As before, the 80 unit per cc. ampule is easily recognized by its *green* and tan label. Both strengths are available in vials of 10 cc. Developed in the Wellcome Research Laboratories, Tuckahoe, New York. U.S. Patent No. 2,161,198. Literature on request. 'Wellcome' Trademark Registered.

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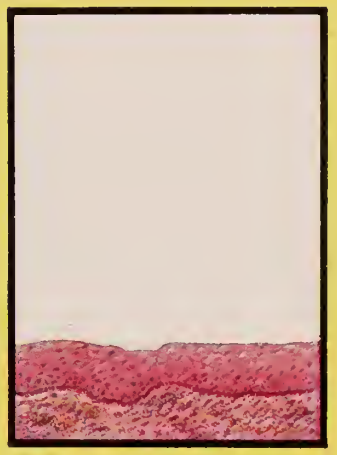
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Trichamonos vaginalis, 1836.

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Vioform, well-established as a trichomonacide, is now also available as VIOFORM INSERTS*, containing Vioform, boric acid and lactic acid.

VIOFORM INSERTS used in office routine—and for supplementary home treatment—hasten the prompt eradication of the parasites of trichomonas vaginitis, as well as the disappearance of the discharge. They aid in restoring normal acidity, meanwhile acting as an effective deodorant.

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AMERICAN MEDICAL ASSN
Council on Pharmacy and Chemistry

Dr. Clayton Washburn, Jacksonville, was recently given a life membership at the Municipal Golf Course, which entitles him to the use of the facilities of the course without charge. He has been playing on this course for more than twenty years.

Dr. Banks H. Goodale of Jacksonville spent three weeks in New York City visiting clinics during August and September.

Dr. Webster Merritt of Jacksonville was recently appointed by Governor Caldwell as a member of the Duval County Welfare Board, to succeed the late Dr. Thomas E. Buckman.

Dr. Harrison G. Palmer of St. Petersburg spent six weeks during July and August visiting clinics in Detroit and other Michigan points.

The Florida Board of Examiners in the Basic Sciences will hold its next examination Nov. 3, 1945, at the John B. Stetson University, DeLand. Application blanks may be obtained from J. F. Conn, Ph.D., secretary, DeLand.

POSITION WANTED—Medical Technologist, Reg. A.S.C.P., 16 years' hospital experience, desires position in hospital or doctor's office for 1945-46 season. Excellent qualifications and executive ability. References. Salary $200-$225 per month. Available Nov. 1. Margaret C. Bush, M.T., 3304 Belleview Ave., Cheverly, Hyattsville, Md.

ANNOUNCEMENT — Jesse L. Williams, D.D.S., 332 St. James Building, Jacksonville, will limit his dental practice to peridontia beginning June first.

BIRTHS AND DEATHS

BIRTHS

Dr. and Mrs. F. H. Bowen of Jacksonville announce the birth of a son, Frederick Hardy, Jr., on August 15.

DEATHS

Dr. William D. Anderson, Tarpon Springs—August 15, 1945.

Dr. Wilbur O. Arnold, West Palm Beach—August 23, 1945.

Dr. William Linder, Miami Beach—August 11, 1945.

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ALL CLAIMS GO TO

$5,000.00 accidental death $25.00 weekly indemnity, accident and sickness	For $32.00 per year
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$200,000 deposited with State of Nebraska for protection of our members.
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ANNOUNCES CONTINUOUS COURSES

SURGERY—Two Weeks Intensive Course in Surgical Technique starting October 8, October 22, and every two weeks during the year. One Week Course Surgery of Colon and Rectum November 5. 20 Hour Course Surgical Anatomy October 8.

GYNECOLOGY—Two Weeks Intensive Course October 22.

OBSTETRICS—Two Weeks Intensive Course October 8.

ANESTHESIA—Two Weeks Course Regional, Intravenous and Caudal Anesthesia.

ROENTGENOLOGY—Courses in X-ray Interpretation, Fluoroscopy, Deep X-ray Therapy every week.

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SMITH LANIER TURNER

Dr. Smith L. Turner of Williston and Bronson died in an Ocala hospital on August 2, a few days before his sixtieth birthday.

Dr. Turner was the son of the late Reverend and Mrs. Elias Turner of Levy County. He attended the Atlanta College of Physicians and Surgeons from which he was graduated in 1911. He was licensed to practice medicine in Florida the following year.

An active member of the Masonic Lodge, Dr. Turner had served as Master of the local organization and for several years as secretary. In 1940 he was elected to the highest position in this state, that of Grand Master of the Florida Grand Lodge. He was a member of the Marion County Medical Society, the Florida Medical Association and the American Medical Association. He was also an active member of the Baptist Church.

Dr. Turner recently retired from active practice to accept the position of County Health Officer for Levy County under the State Board of Health.

Survivors are his widow and one daughter, Miss Etta Turner, Dean of Women at Stetson University in DeLand. Funeral services were in charge of the Masons and interment was at Walterboro, S. C., where he practiced before coming to Williston twenty years ago.

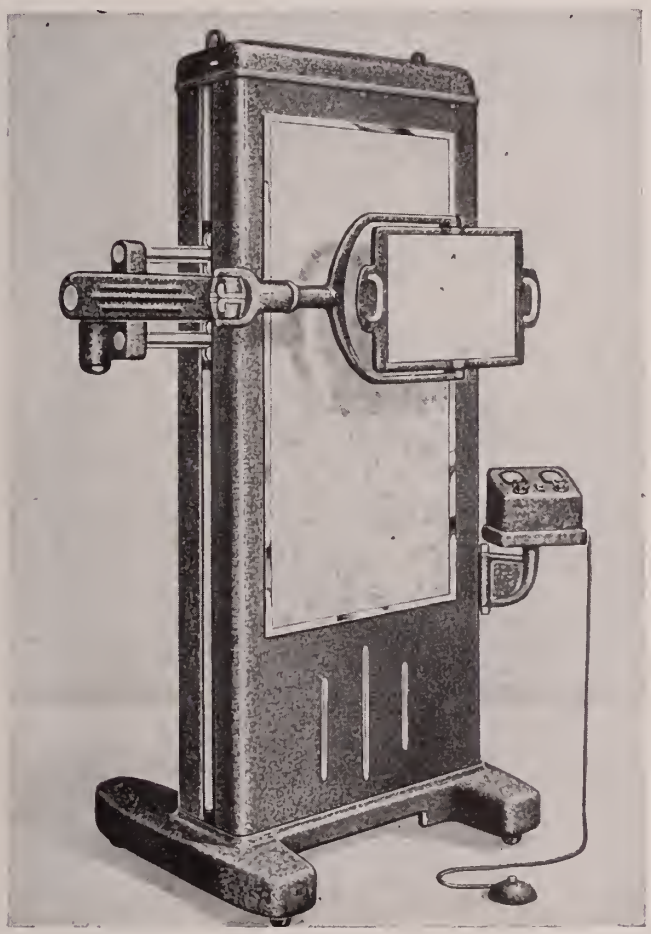
EDWARD MERRIMAN COLEMAN

Dr. Edward M. Coleman of Clermont, an honorary member of the Florida Medical Association, died on August 3. He was 72 years of age.

Born in Greenville, S. C., he received his medical degree from the University of Louisville in 1898. He served his internship at Bellevue Hospital in New York City. After specializing in diseases of the eye, ear, nose and throat, he practiced his specialty in Athens, Ga., for many years, and on his retirement he moved to St. Petersburg.

From St. Petersburg he moved to Groveland in 1931 and there he and his wife lived on a small orange grove. In 1935 he located at Clermont and he resumed the practice of medi-

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Among the many brilliant originations, the inspired improvisations, of the Medical Corps in World War II was the use of the "ambulance on wings."

When the photograph above was taken, the casualties lined up had *just been wounded!* Already they had been given emergency medical aid, and in a matter of *minutes* were on their way to a base hospital with complete facilities far away from the combat zone . . . Thanks to such immediate surgical care, quick hospitalization, and all the companion advancements of wartime medical science, 97 out of every 100 such casualties *lived!*

Thanks should be proffered most generously to the incredible diligence of those "soldiers in white" who created and tirelessly practiced these techniques—the medical men in the service whose rest all too often was no more than a moment and a cigarette. Incidentally, that cigarette was very likely a Camel, an especial favorite of all fighting men.

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Camels

COSTLIER TOBACCOS



cine in 1941. Ill health forced him again to retire, but after Clermont's younger physicians enlisted in the armed forces, he entered practice once more, doing his bit in World War II as he had done in the Spanish-American War and World War I. He held the permanent army rank of captain since 1918.

A member of the county health board, the Lake County Medical Society, honorary member of the Florida Medical Association, member of the American Medical Association, he also served as head of the venereal disease clinics at Clermont, Groveland and Yalaha. He assisted greatly in the establishment of the Clermont city clinic which serves as an emergency hospital. Before this institution was founded, there was no medical center within 26 miles of that city.

Dr. Coleman's survivors include his widow, Mrs. Emily Coleman, and a nephew, Harold Turville of Clermont and a cousin, M. A. Coleman of Leesburg.

COMPONENT COUNTY SOCIETIES

NASSAU

The Nassau County Medical Society has paid 100% of its State Association dues for 1945. Officers of this society are Drs. David G. Humphreys, president; Warren A. Brewster, vice president, and John W. McClane, secretary-treasurer.

ORANGE

Approximately 40 members of the Orange County Medical Society enjoyed the society's annual outdoor get-together, held on Makinson island in Lake Tahopekaliga near Kissimmee, on August 16. Dr. Wilson Lancaster of Kissimmee was host at the picnic-barbecue. The trip to the island was made via Mr. Dick Makinson's boat, the "Venture."

PINELLAS

The first dinner meeting since the summer recess was held by the Pinellas County Medical Society on September 7. Drs. P. H. Guinand and W. C. McConnell read scientific papers at the meeting.

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The buffering effects of calcium gluconate and sodium bicarbonate reduce the precipitation of free salicylic acid from the interaction of salicylates with hydrochloric acid in the stomach, therefore minimizing gastric irritation even when large doses are given over a long period of time.

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Mrs. J. E. Maines, Organization.....*Gainesville*

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Mrs. Laurie J. Arnold, Jr., District "A"....*Lake City*
Mrs. J. H. Owens, District "B".....*Jacksonville*
Mrs. James C. Griffin, District "C".....*Tampa*
Mrs. Leigh F. Robinson, District "D"...*Ft. Lauderdale*

PROJECTS OF SOUTHERN AUXILIARY

Mrs. John Pierpont, president of the Woman's Auxiliary to the Southern Medical Association, has made a report outlining the projects of that organization and requesting that county auxiliary programs be built around these projects. She urged that the members of the various auxiliaries interest themselves in getting reinstated into the Southern Medical Association physicians who dropped their memberships during the war. She suggested that a prize be offered to the state having the largest number of reinstatements.

Other projects listed by Mrs. Pierpont include:

Research and Romance of Medicine—Attention was called to the fact that material may be secured from the Southern Auxiliary for use by county and state auxiliaries and the lay public. It was requested that all members cooperate by sending in material on this topic.

Resolutions.—Any resolution which is to come up at the next convention should be sent to Mrs. Pierpont well in advance of the meeting. It was suggested that a resolution be made to incorporate into the constitution and by-laws a provision to the effect that the president-elect will take office in event that no convention is held during the year.

Jane Todd Crawford Memorial Fund.—Mrs. Pierpont stated that a suggestion has been made that this fund be used to assist doctors in obtaining postgraduate study in gynecologic surgery by helping to establish a teaching fellowship. She pointed out that facilities for postgraduate study will likely be inadequate after the war.

Memorial.—Mrs. Pierpont asked: "What about establishing a joint service with the men?"

Doctor's Day.—Increased interest in and publicity for Doctor's Day was solicited.

Wartime Service.—Complete reports of these activities should be made.

It is not at this time known whether the Southern Medical Association and its Auxiliary will hold conventions in November. As much publicity as possible will be given these meetings if it is found possible to hold them.

Mrs. S. M. Copeland,
Press and Publicity Chairman.

BOOKS RECEIVED

Acknowledgment of books received will be made in this column and this will be deemed by us a full compensation to those sending them. A selection will be made for review as expedient.

THE CARE OF THE NEUROSURGICAL PATIENT. By Ernest Sachs, A.B., M.D., Professor of Clinical Neurological Surgery, Washington University School of Medicine, St. Louis. This book gives the details necessary to the adequate care of neurosurgical patients. It contains nine chapters, dealing with preoperative examination and care, operating room procedure, neurosurgical methods in general, cranial cases, spinal and peripheral nerve operations and postoperative care. Cloth. Price, $6.00. Pp. 268, with 177 illustrations. St. Louis: C. V. Mosby Company, 1945.

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SCHEDULE OF MEETINGS

ORGANIZATION	PRESIDENT	SECRETARY	ANNUAL MEETING
Florida Medical Association	John R. Boling, Tampa	Robert B. McIver, Jacksonville	Jacksonville
Florida Medical Districts:			
A—Northwest	Courtland D. Whitaker, Marianna	Stewart Thompson, Jacksonville	Tallahassee, Oct. 15, 1945
B—Northeast	L. Y. Dyrenforth, Jacksonville	" " "	Ocala, Oct. 16, 1945
C—Southwest	Edgar Watson, Lakeland	" " "	Tampa, Oct. 17, 1945
D—Southeast	William V. Sayad, W. Palm Beach	" " "	Miami, Oct. 18, 1945
American Medical Association	Herman L. Kretschmer, Chicago	Olin West, Chicago	Canceled
Southern Medical Association	E. Vernon Mastin, St. Louis	Mr. C. P. Loranz, Birmingham	Cincinnati, Nov. 12-15, 1945
Alabama Medical Association	Walter F. Scott, Birmingham	D. L. Cannon, Montgomery	
Georgia, Medical Assn. of	Cleveland Thompson, Millen, Ga.	E. D. Shanks, Atlanta	Macon, Canceled
Florida—			
Section, Am. College Phys.	Meredith Mallory, Orlando	Rollin D. Thompson, Orlando	Jacksonville, Canceled
Basic Science Exam. Board	M. W. Emmel, D.V.M., Gainesville	J. F. Conn, Ph.D., DeLand	DeLand, Nov. 3, 1945
Dental Society, State	Fred O. Conrad, D.D.S., Tallahassee	A. J. Fillastre, D.D.S., Lakeland	
Derm. and Syph., Soc. of	J. Frank Wilson, Jacksonville	Wesley W. Wilson, Tampa	
East Coast Medical Association	T. C. Kenaston, Cocoa	I. M. Hay, Melbourne	Postponed
Hospital Association	Mr. Dewitt Miller, Orlando	Mr. H. A. Cross, Jacksonville	
Hospital Service Corporation	Mr. W. E. Arnold, Jacksonville	Mr. H. A. Cross, Jacksonville	
Industrial Surgeons, Assn. of	Kenneth A. Morris, Jacksonville	A. M. Bidwell, Tampa	
Medical Examining Board	J. B. Kollar, Vero Beach	H. D. Van Schaick, Miami	Jacksonville, Nov. 26-27, 1945
Medical Postgraduate Course	Turner Z. Cason, Jacksonville	Chairman	
Nurses Association, State	Mrs. C. Lindabury, Miami Beach		
Ophthal. & Otol., Soc. of	C. E. Dunaway, Miami	Wm. Y. Sayad, West Palm Beach	
Pathological Society	L. Y. Dyrenforth, Jacksonville	Iva C. Youmans, Miami	
Pediatric Society	Ludo von Meysenbug, Daytona B.	Robert Blessing, Ft. Lauderdale	
Pharmaceutical Association, State	Mr. H. B. Douglas, Bonifay	Mr. R. Q. Richards, Ft. Myers	Miami, Postponed
Public Health Association	W. W. Rogers, M.D., Jacksonville	E. M. L'Engle, Jacksonville	Gainesville, Dec. 2-4, 1945
Radiological Society	Walter A. Weed, Orlando	Chas. M. Gray, Tampa	
Railway Surgeons' Association	Frank D Gray, Orlando	W. C. Page, Cocoa	Postponed for Duration
Tuberculosis & Health Assn.	Mrs. Alexander Blair, Lake Placid	Mrs. May Pynchon, Jacksonville	
Chattahoochee Valley Med. Assn.	Herbert E. White, St. Augustine	Robert B. McIver, Jacksonville	Postponed
Gulf Coast Clinical Society	G. G. Oswalt, Mobile, Ala.	C. L. Rutherford, Mobile, Ala.	Postponed
S.E. Sec., Am. Cong. Phys. Ther.	John J. McGuire, Pensacola	Kenneth Phillips, Miami	Postponed
Southeastern Surgical Congress	Alton Ochsner, New Orleans	B. T. Beasley, Atlanta	Postponed for Duration
Suwannee River Medical Society	L. J. Arnold, Jr., Lake City	H. S. Howell, Lake City	

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*R. H. Follis, D. Jackson, M. M. Eliot, and E. A. Park: Prevalence of rickets in children between two and fourteen years of age, Am. J. Dis. Child. 66:1-11, July 1943.

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The JOURNAL of the Florida Medical Association, Inc.

Vol. XXXII NOVEMBER, 1945 No. 5

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Herbert C. Miller

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Milton S. Saslaw

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Synopses of Certain New Laws
Harold D. Van Schaick

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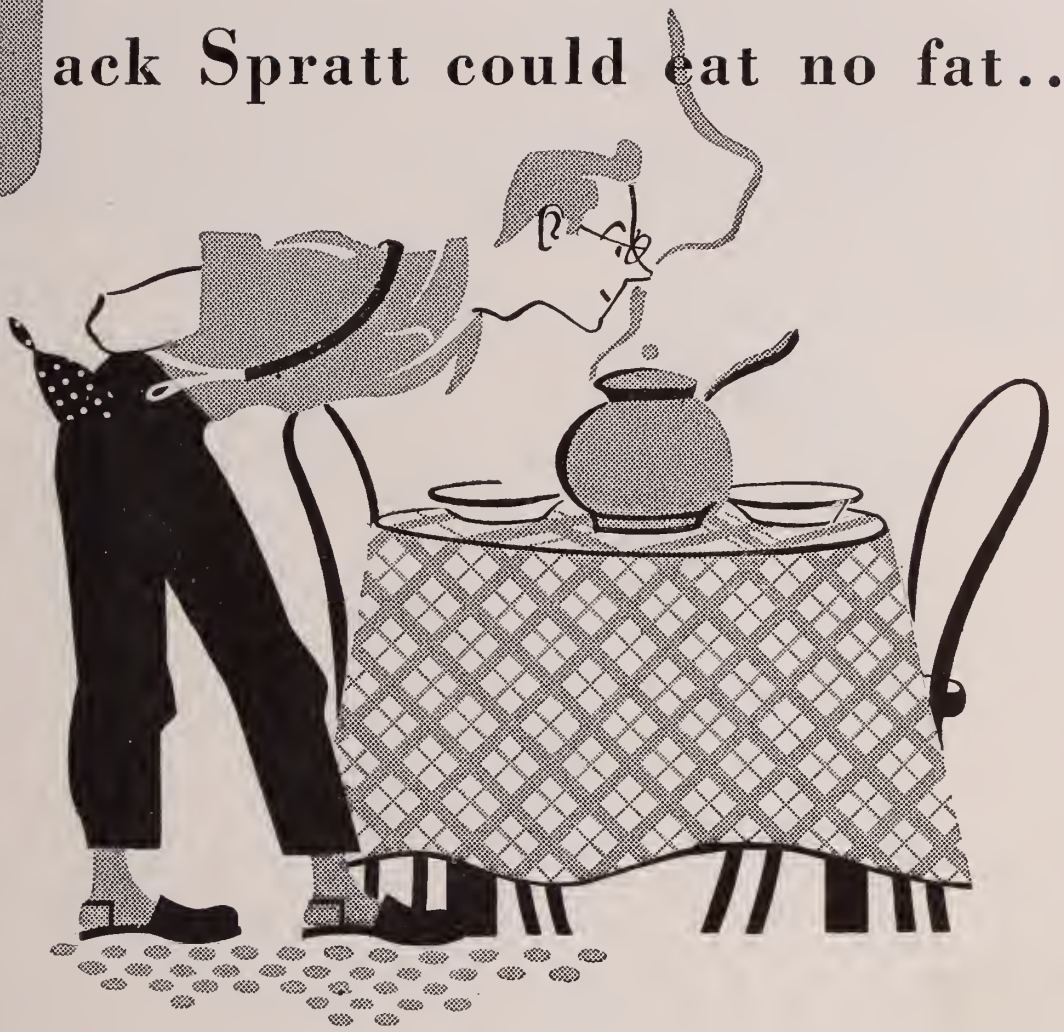
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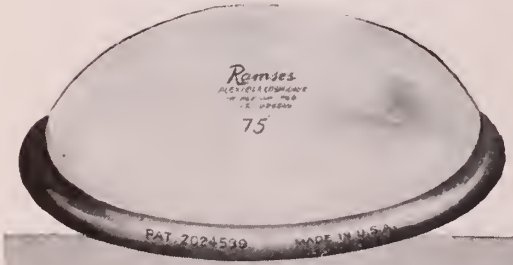
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* *Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154*
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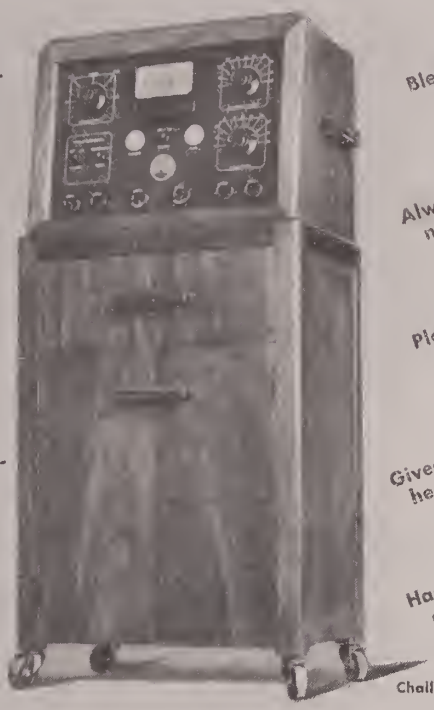
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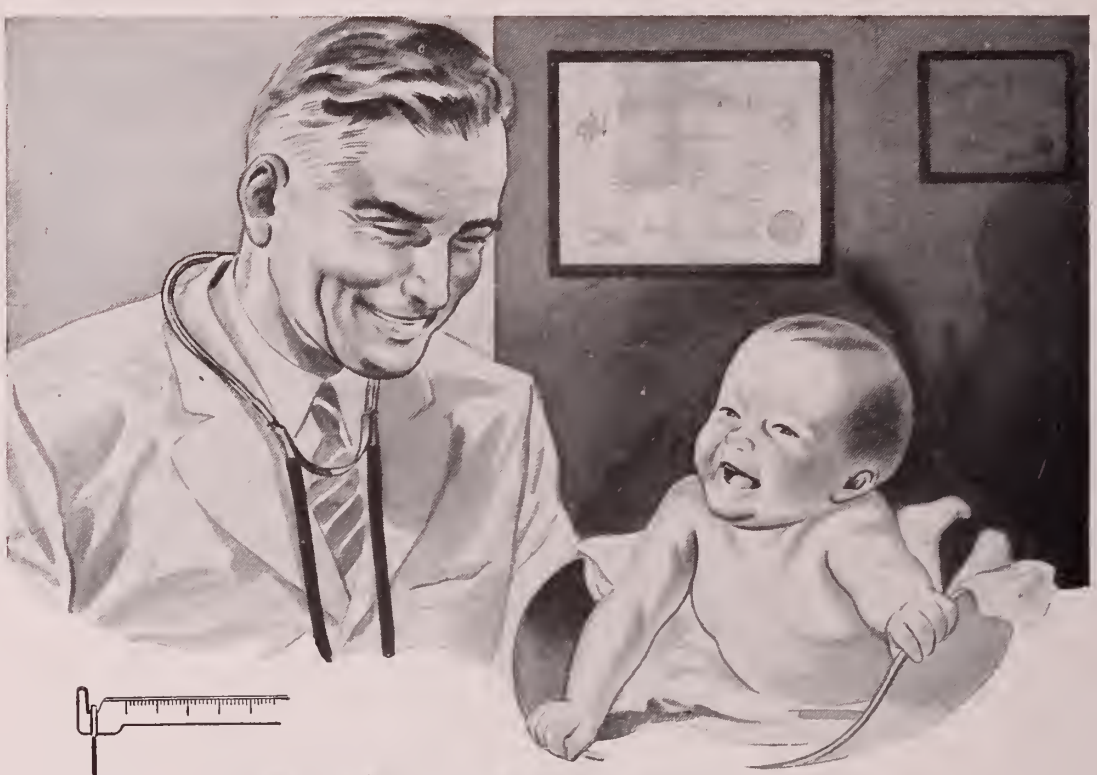
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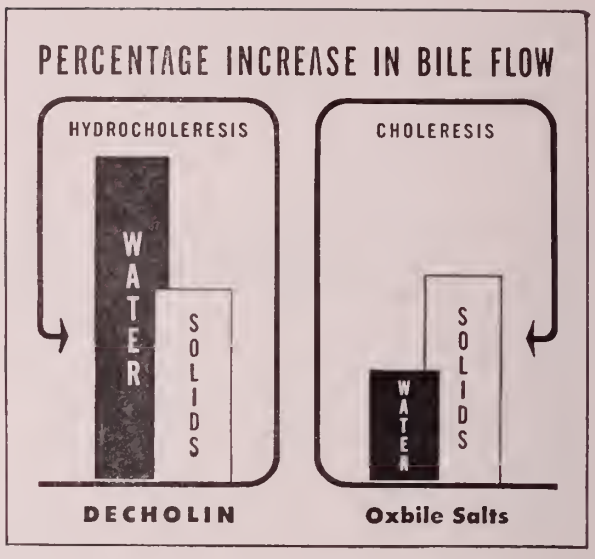
*Cannon, P. J.: J. Am. Diet. Assn. 20:77 (1944)

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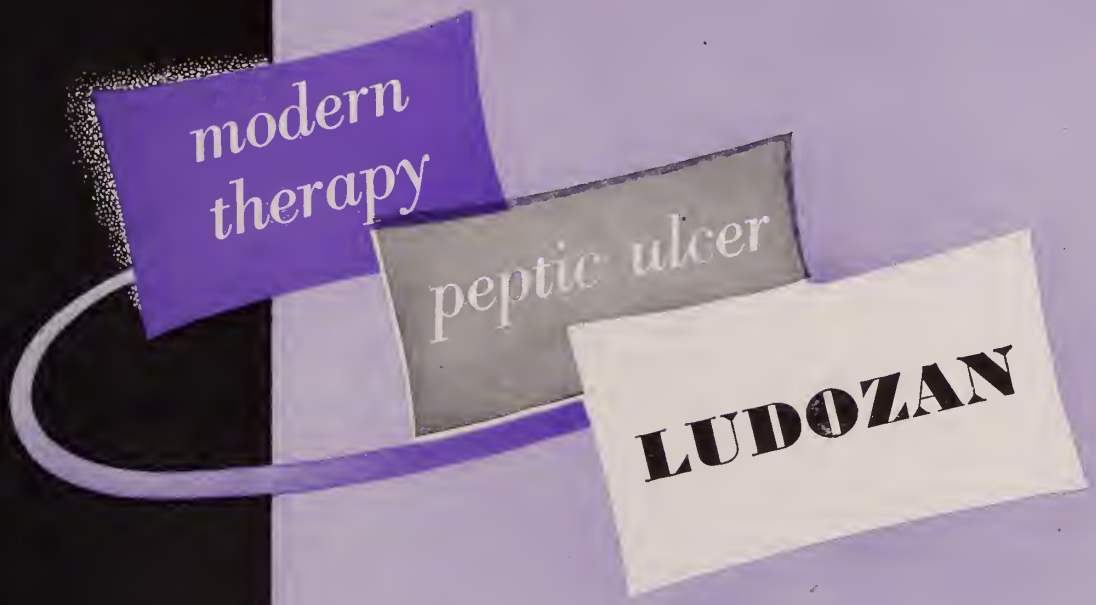
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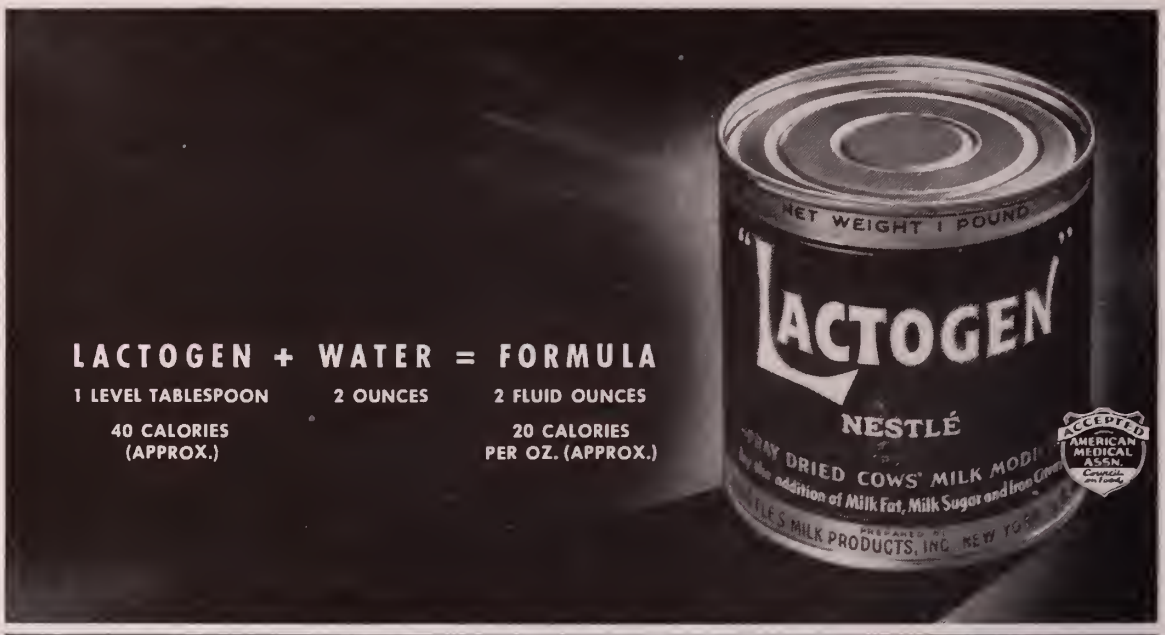
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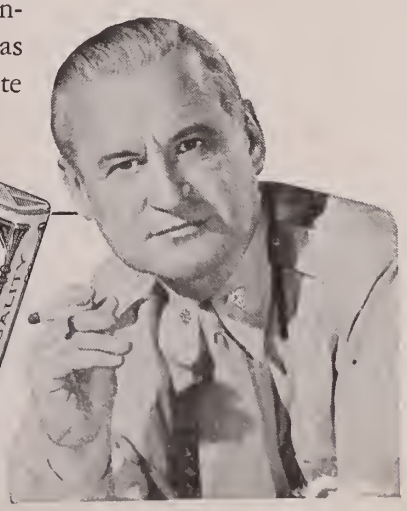
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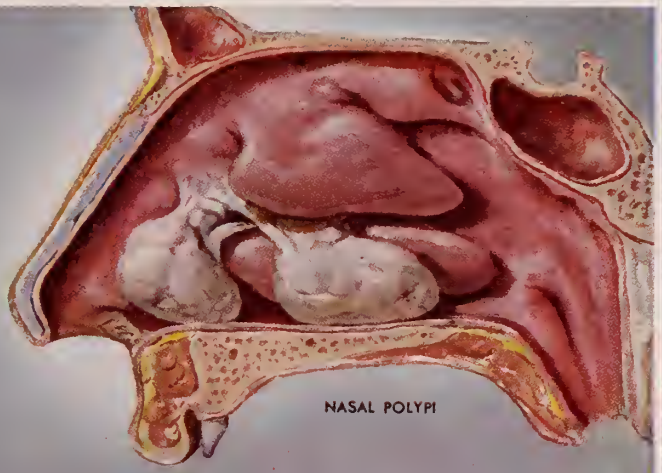
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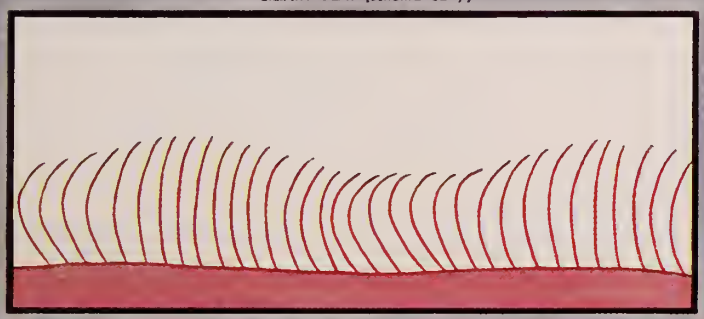


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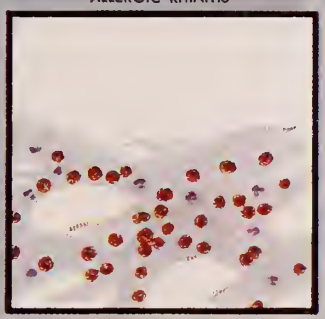


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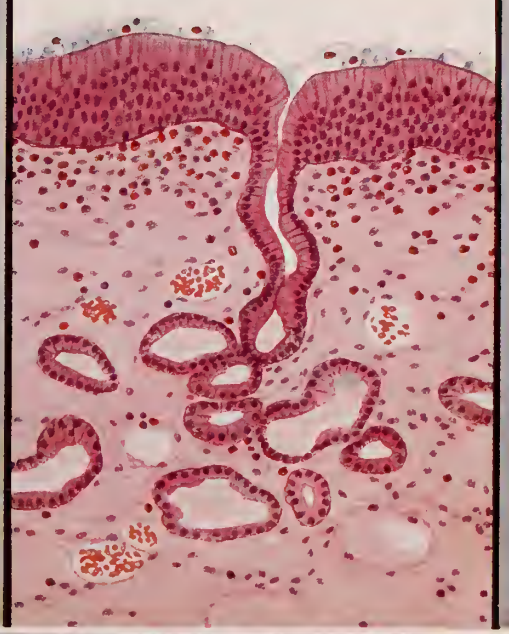


NASAL MUCOUS MEMBRANE

NORMAL



ALLERGIC REACTION



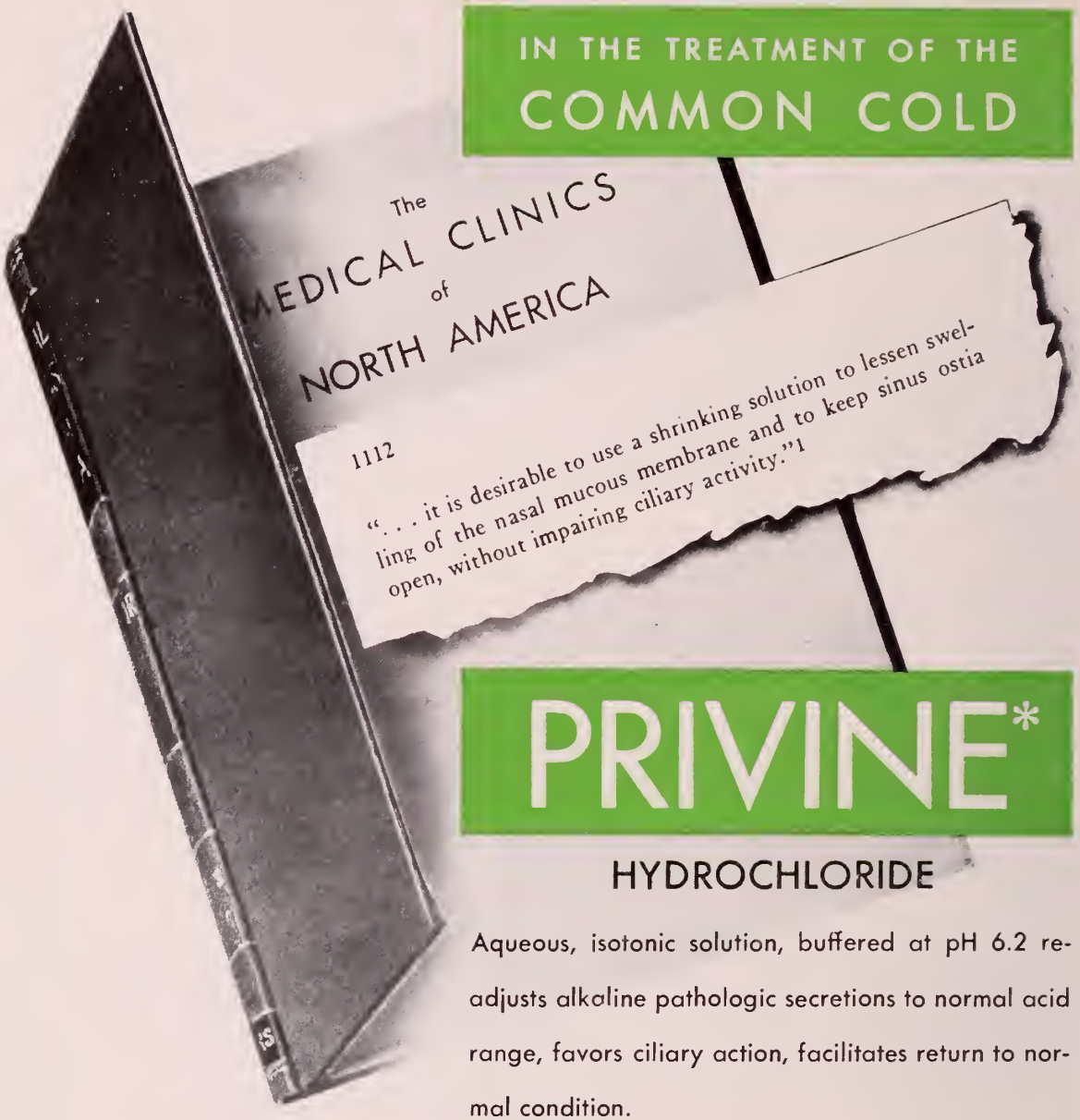
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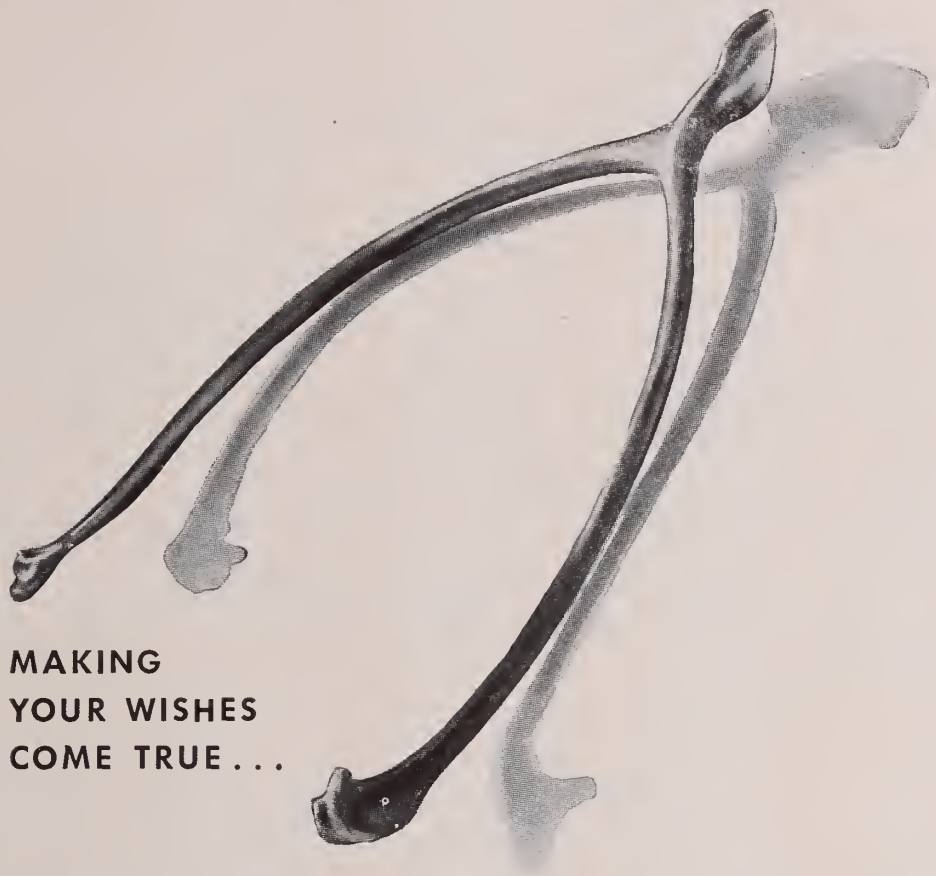
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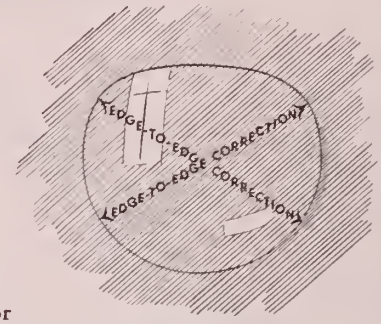
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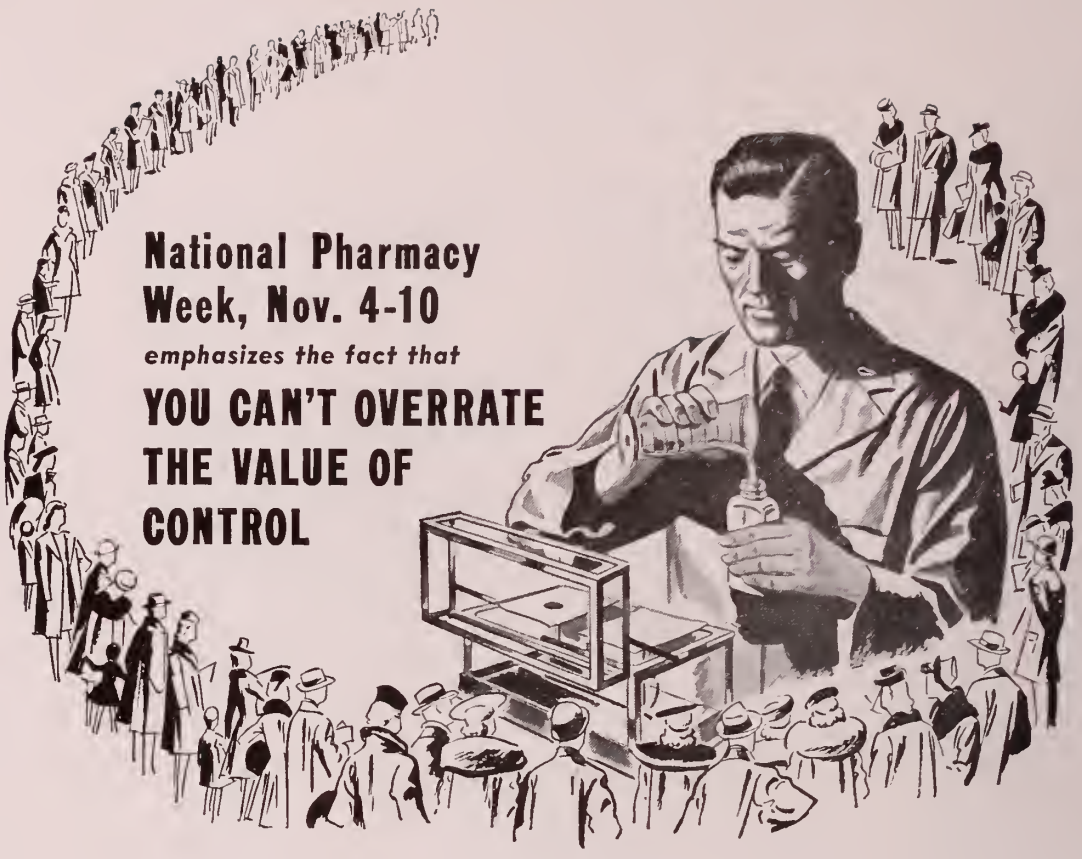
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*Keys, J.E.L.: Penicillin in Ophthalmology, J.A.M.A. 126: 610 (Nov. 4) 1944.

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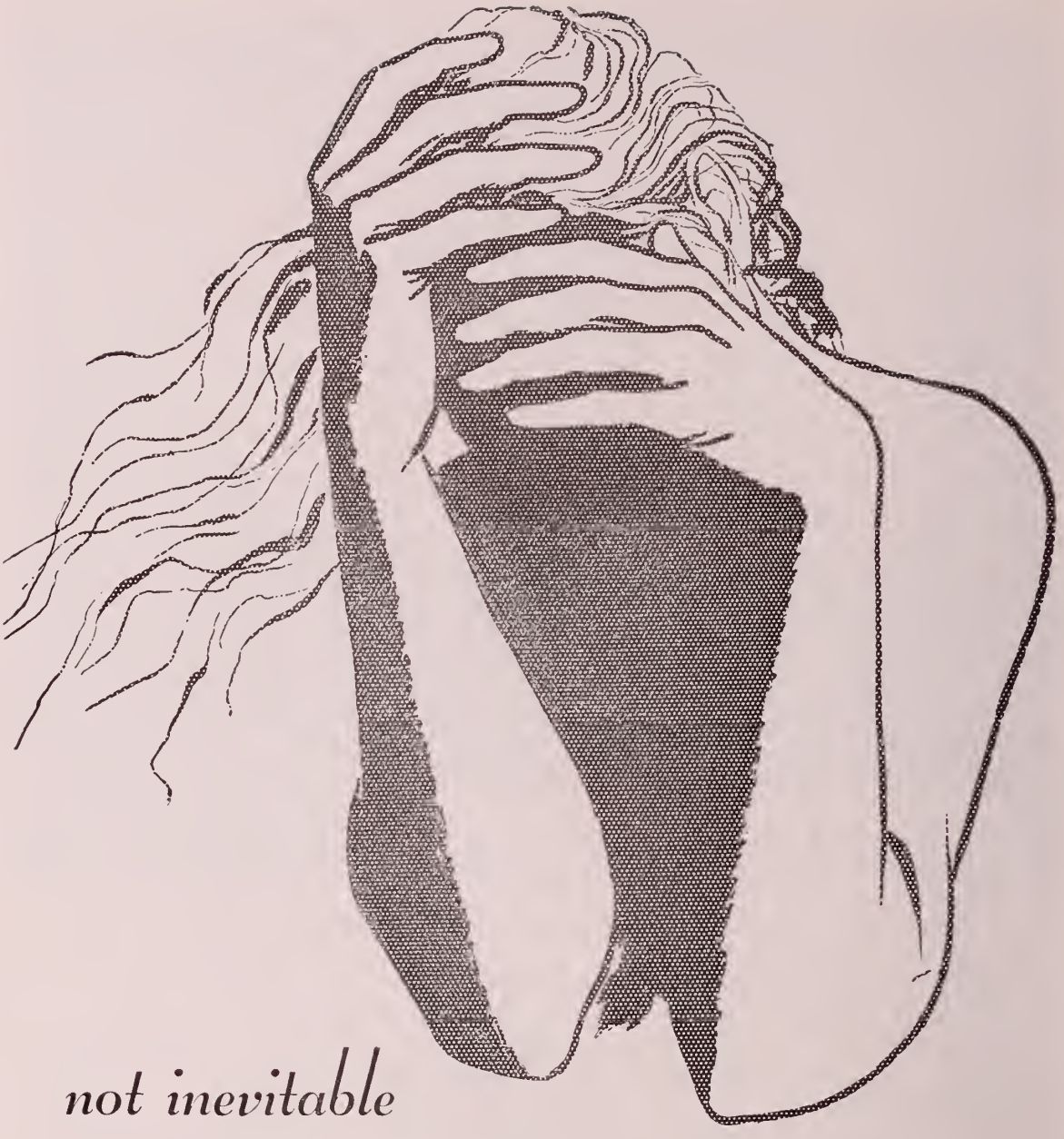


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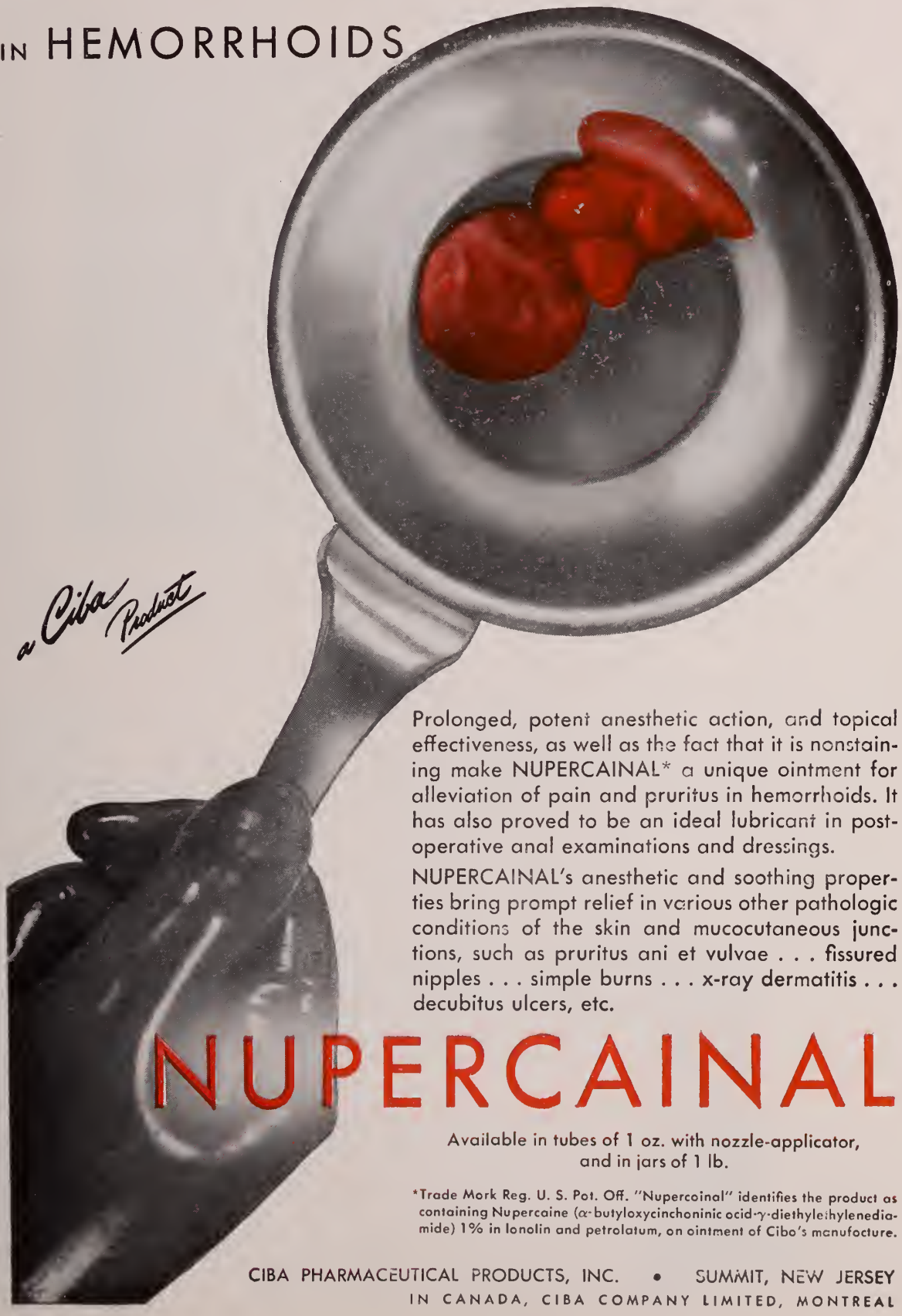
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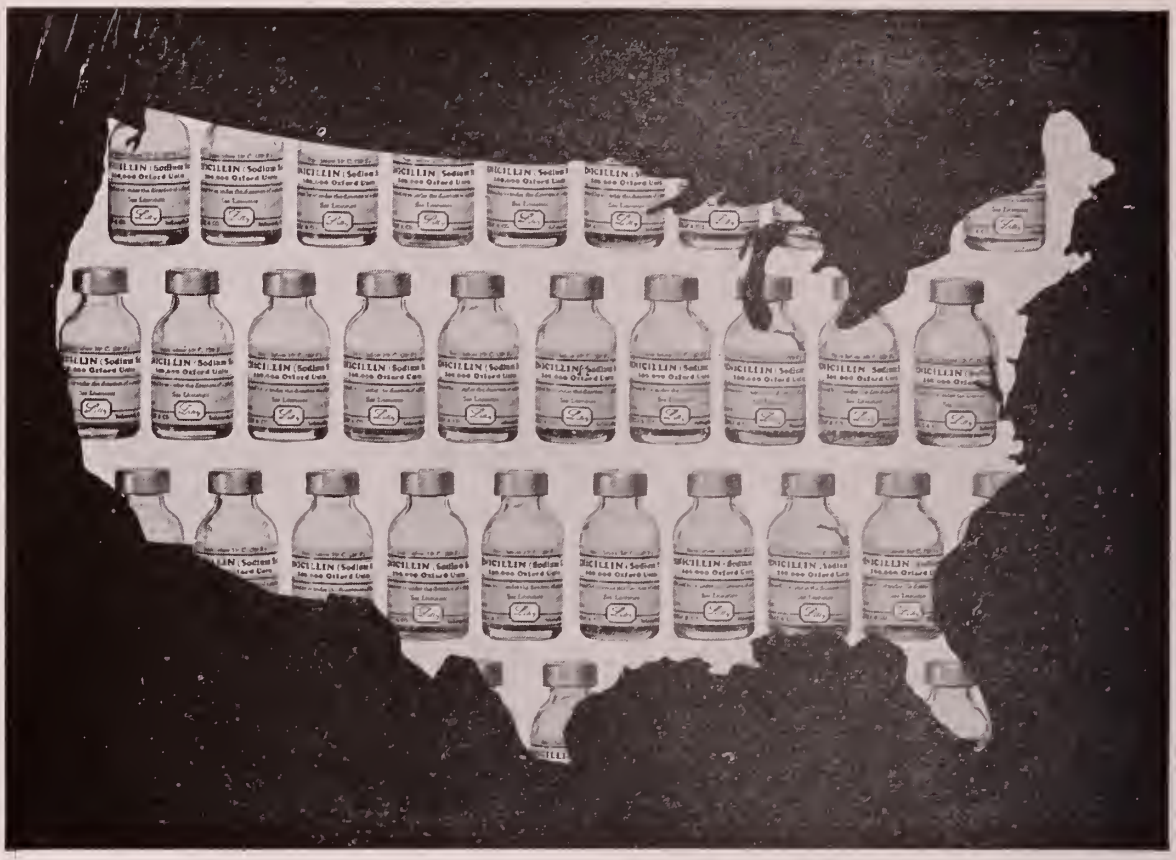
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THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION
PUBLISHED MONTHLY

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THE ROLE OF THE PEDIATRICIAN AND THE GENERAL PRACTITIONER IN THE DIAGNOSIS AND TREATMENT OF BEHAVIOR PROBLEMS IN CHILDREN

HERBERT C. MILLER, M.D.
NEW HAVEN, CONN.

The reason for presenting these remarks on psychiatric problems in children is founded on the belief that pediatricians and practitioners must take a more active part in this phase of medicine. It is appreciated that in one respect they may not be timely, since most doctors have all or more than they can do at the present time trying to cope with the organic ills of the population. The time is not far off, however, when this pressure will be relieved. It is not too soon to give some consideration to this important part of pediatrics, so that we can more intelligently serve the children with these problems when the pressure of wartime practice is lessened.

In the last few years pediatricians in certain sections of this country have concerned themselves more and more with the problem of the emotional health of the child. As more organic diseases have been conquered and have disappeared from the scene, it has become apparent that their place has been taken by a group of illnesses that can be lumped together under the term, "behavior problem." In Connecticut we no longer see rickets or scurvy. Diphtheria is a rarity. Smallpox and malaria are nonexistent. Until the war, tuberculosis and syphilis were on the decline. Syphilis was so uncommon as to make it almost impossible in the course of a year to demonstrate a single case of congenital syphilis to medical students. In their place have appeared the widespread and utterly ludicrous problem of anorexia in young children, a host of psychosomatic disorders and an increasing belief among physicians and parents that if the child is brought up according to modern scientific "principles," all will be well.

It is interesting as well as instructive to speculate as to the causes for this change in medical practice. The decline in organic disease in children has made it possible for us to appreciate that even young children can complain of bodily ills which have their origins in some psychic disturbance. In fact, now that the scientific knowledge of infant feeding has reached its present high level of achievement, we are beginning to appreciate that emotional upheavals in the mother can exert their harmful effects on the newborn infant in ways that are as yet poorly understood.

It is true that some of the most competent physicians of previous generations understood all this. Our increased knowledge of nutrition is now permitting some of us who are less competent to see beyond the breast and the bottle. When we have done so, we are not surprised to observe that the crying and vomiting baby sometimes has an insecure, tense, apprehensive mother. Somehow or other the mother's own lack of confidence is transferred to the newborn baby. The infant's reactions are as dramatic as though he were being repeatedly stuck with a pin. That the mother's own inadequacies may be solely responsible for the infant's symptoms is readily proved by noting the cessation of symptoms within a day or two after complete separation from the mother. The science of infant feeding not only permits us to see beyond the breast and the bottle, but also puts a new burden upon us. It is our responsibility to appreciate that the baby who suffers from an emotionally inadequate mother is just as handicapped as the baby getting inadequate calories or vitamins.

The removal of the veil of organic disease has also brought into focus some behavior problems that have always been with us, but from which our attention has been distracted by the pressing need of solving important bodily ailments. Enuresis, habit tics, pica, night crying and many other bothersome symptoms of emotional conflict have been shoved into the background consciously. Or, if they have been given some consideration, it has been customary to think of them as related solely to organic causes. For instance, it is still common practice in some places to put a child through an extensive genitourinary work-up with all its attendant physical and psychic trauma if he has enuresis, whatever the cause may be. Some physicians, who have been better informed, have refrained from these drastic procedures, but have adopted the

From the Department of Pediatrics, Yale University, School of Medicine, and the Children's Clinic, New Haven Hospital.
Read before the Graduate Short Course, Jacksonville, Florida, June 26, 1945.

erroneous notion that all enuretics will respond to atropine or salted peanut butter or dehydration at night. One of our psychologists not too many years ago devised a contraption for institutional use whereby the act of voiding in bed set off an alarm clock, collapsed the bed and dumped its occupant out onto the floor.

It is true that all of these measures meet with some degree of success, but not without a price when the cure is worse than the disease. Physicians have been apt to interpret their cures as due to their specific therapeutic efforts and have forgotten or not realized their own psychic powers. Their therapeutic failures have been written off as highly obstinate children rather than as children whose emotional development has been retarded by some severe psychic trauma. It is high time that we begin to think simultaneously in terms of both psychic and somatic causes.

The prominence gained by psychiatric problems in children of late years probably is in part the result of the remarkable advance made by scientific medicine. This statement is not as paradoxical as it sounds. In the last twenty years the death rate from communicable diseases of childhood has been reduced no less than 93 per cent according to the Metropolitan Life Insurance Company.[1] Even persons who cannot read know in a vague sort of way that vitamins A, B, C, D, and E are in part responsible for this great change. Those of the reading public know in addition a good many of the salient facts that are involved in this improvement in their children's health. Their unbounding faith in things scientific is based on facts and not just hope and prayer.

So clear and brilliant are the facts that some of the laity and some physicians have lost sight of certain intangible factors that cannot be weighed and measured, but whose effects are just as far reaching as those scientific data we measure with much pride. The intangibles are as old as the hills, and some of them, unfortunately, are with us in abundance. What parents are free from fear? It is true we have taken away fear of diphtheria and rickets, and we have it in our power to take away fear of many other diseases, but we have unwittingly supplanted diphtheria with calories, formulas, ounces, grams, vitamins, inches, centimeters, essential proteins and minerals. We have forgotten that the parents' capacity for fear is great and now we find ourselves deluged by the children who will not eat. Dr. Aldrich of the Mayo Clinic, who has been especially interested in this problem, says it dates back only forty years.[2] This is just about the period covered by the major discoveries in nutrition. I am not old enough to know what went on before then, but I am assured by those who should know that the problem did not exist.

The fear that seizes the mother of a perfectly healthy, active child who sleeps soundly, plays hard and yet refuses to eat, is a truly remarkable phenomenon. It is an indication, I believe, of the capacity of being fearful, which is great and widespread to more or less degree throughout the population. It is a measure of the parents' own insecurity and lack of judgment. Those who are less insecure themselves are less bothered by this seeming anorexia in their young children. Those who go to the extent of forcing children to sit at the table, spoon feeding those old enough to feed themselves, forcing food down their throats and resorting to corporal punishment not only show little or no understanding of children, but are themselves victims of fairly serious emotional disturbances. Intellectual capacity counts for nothing in the ability of parents to see their own shortcomings. Freedom from Fear may be in the Atlantic Charter, but this does not mean, even if it is granted on the basis hoped for by the framers of this charter, that we will automatically rid ourselves of our capacity for fear.

In discussing the problems of child psychiatry with you I should like to make it clear that I am not a psychiatrist. I have had the good fortune to be in a Department of Pediatrics that has two psychiatrists who devote their full time to children, and that has accredited to it highly competent psychologists, social workers and more recently a person highly trained in primary school education. I have no doubts in my own mind that such a group organized under one department offers the best possible combination at the present time for the investigation and study of the many behavior problems that occur in children. I do not believe that the psychic disturbances in children can be handled by the pediatrician working alone, nor by the psychologist, psychiatrist and educator working singly. Together, their powers of diagnosis and treatment will have the greatest effectiveness. I cannot overemphasize the importance of combining the skills of the physician, psychiatrist, physiolo-

gist and educator in the handling of these problems, because at the present time none of them is learned enough in the others' specialties to make his opinions count for much.

You may ask by what right a pediatrician or general practitioner sits in with this group. I believe that without him the rest of the group could not function at all. The problem of separating psychic from somatic disorders, if nothing else, would demand his participation. More than this, however, is the fact that the pediatrician has the first contact with the child in a high percentage of cases. Most of my colleagues in Connecticut who are in private practice estimate that half their time or more is taken with behavior problems. My own experience during the last five years as head of an outpatient clinic receiving 10,000 visits a year from children supports the estimate of the pediatricians in private practice. This high figure is not to be interpreted to indicate that Connecticut has a greater proportion of the country's misfits than is its due. Furthermore, the pediatrician and the general practitioner stand in the best position to carry out preventive measures in the domain of psychiatry. They are caring for the population at a time when prevention can be effective, if ever. Too, the physician usually has the confidence of the parents, a factor which is less frequently shared by the other members of the group at the present time.

What role is the pediatrician or the general practitioner to play in the management of behavior problems? Is he going to shut his eyes to them and order up a few more vitamin B tablets or recommend tonsillectomy? Or is he going to wrestle with these complex problems much the way he did with diphtheria, rickets, scurvy, diabetes and syphilis and try to find specific causes, cures and methods of prevention? It is true that the child is not likely to die as a result of the physician's ostrich-like attitude, although death by suicide is not unheard of in rare instances. In my own opinion, however, the sum total of unhappiness that is generated by the disturbances arising from emotional conflicts far outweighs that produced by all organic illness in children combined. I am speaking now about geographic areas where nutritional disorders and infectious diseases are either notable by their absence or are little to be feared. It seems impossible that we can sit idly by and assume only a passive role.

The place for the physician to begin is in improving his diagnostic ability. Fortunately, he does not have to be a psychiatrist to do this, although he would be helped by a greater familiarity with psychiatric technics and more comprehensive understanding of psychiatry in general. I think that in the future more pediatricians will have to have a formal rather than a casual contact with psychiatry, and this formal contact will consist in active study of and work with psychiatric patients under trained teachers. In lieu of formal psychiatric training, we can substitute a knowledge of a few basic facts which go far in aiding us as ordinary physicians to be aware of the many complex behavior problems in children.

For instance, it is essential to realize that many children who come to an office or clinic complaining of chronic headaches, heart pains, dysphagia, abdominal pains and even joint pains do so because of psychic disturbances. When I was a medical student, no one taught me that headaches in children were to be considered as originating from emotional conflicts. It was only after seeing a succession of children, mostly girls, who had repeated headaches with perfect vision and without the vestige of a sinus infection or petit mal or migraine or brain tumor or allergic condition that I learned that the frustrated child, like the frustrated adult, has headaches. My conviction grew when I saw literally scores of children with pronounced myopia or sinusitis or outspoken allergies who never had a trace of a headache.

And I was thoroughly convinced through an experience of my own. There was one particular clinic that I attended, a follow-up clinic for newborn infants, which left a great deal to be desired so far as my personal feelings were concerned. I found that every afternoon that I was supposed to attend this clinic I had a headache and never any other time. After a while I realized that I did not like the clinic. I figured out why I disliked it, made a few changes, and the headaches disappeared. A second story concerning a 10 year old girl illustrates my point further. For nine months she had been having headaches. In every respect she seemed to be perfectly healthy in mind, body and soul. I could find nothing in her parents' attitude to arouse my slightest suspicion. It turned out that the nine months included the time she had lived in New Haven. Previously she had resided in a small town in Oklahoma and she would give anything

to return there to her former playmates and girl friends. She said she was sure she would have no more headaches if she could go back, and I am sure she is right, although I could not at the time see on what basis she could prefer Oklahoma to New Haven.

Pain over the heart is frequently accompanied by the additional complaint of breathlessness in children. The children are not dyspneic; they are obviously healthy and yet place their hands over their hearts to indicate the location of the pain, which is usually of a momentary nature. It is simple enough for the physician to turn to the parents with a confident smile and reassure them that there is nothing wrong with the child. Such treatment may be all that is warranted in some cases. The parent or grandparent may have angina, and the child may be only aping his betters. The complaint may be of no great consequence to the child, and it may be necessary only to relieve the mother's worry. It is, however, surprising how often a few minutes' inquiry reveals that the child is insecure, is being pushed beyond his abilities by doting parents, or has had to assume responsibilities beyond his years and capacity because of an alcoholic father or an unsympathetic mother incapable of loving her child.

Abdominal pain undoubtedly heads the list of psychosomatic disorders in children. The physician who has his mind centered only on organic diseases is going to have a great many records of "spastic colon," "chronic appendicitis," "megacolon" and "chronic constipation" in his files. But for the physician who is thinking of psychic as well as somatic factors it is surprising how the "spastic colon" and the other disorders disappear from his list of diagnoses. Abdominal pain that repeats itself over weeks and months in an apparently healthy child without other symptoms should by itself lead to the suspicion of some psychosomatic disturbance. In the absence of any evidence, laboratory or otherwise, of renal or gastrointestinal disease, the certainty of some psychosomatic trouble mounts. The more severe abdominal pains arising from emotional conflicts are sometimes accompanied by vomiting, withholding of feces ("constipation") and other symptoms. More laboratory procedures such as roentgen and gastrointestinal studies may be needed in such cases, but to conclude that, because the colon seems to have an increased diameter in the roentgenogram, the explanation lies in some neuromuscular mechanism of the intestine or, as it is so often called, "sluggish bowel," is to overlook a probable attempt on the part of the child to draw attention to himself and seek sympathy because he is not getting enough love and affection of the right sort.

It is important in dealing with children to realize that almost without exception the parents, or at least one of them, interpret their child's behavior difficulties in physical and organic terms rather than in emotional or mental ones. The medical profession has harped so long and loudly on the necessity of taking out the tonsils and adenoids that these lymph structures have become the seat of all evil. The mother comes demanding that her child's tonsils be removed when the real trouble lies in the fact that her child is failing in school or is a misfit in the family and neighborhood or has any number of more or less serious emotional maladjustments too numerous to mention. Almost never does a mother come suggesting that her child's enuresis might be the resuut of some emotional conflict; almost always she comes asking if there is something wrong with the child's kidneys. Yet in my experience, enuresis is rarely the result of an organic lesion. The fact that parents are prone to place the blame for all peculiar behavior on some organic basis makes it easy for the physician to fall in with this line of reasoning. A less superficial approach would indicate that there is a psychic disturbance at the bottom of the organic complaint.

It is a truism that the child who is in an unstable emotional environment will himself tend to be an unstable person. There are certain factors that contribute to a stable home life and good emotional health in children. Knowledge of these factors is just as important to the physician as is his knowledge of nutrition and infectious disease. There are two needs common to every child, security and love. Children, particularly the young ones, need a certain amount of physical security. They are frequently unhappy and cling more closely to their mothers after having to leave the familiar surroundings of their home, as occurs for instance when the family moves from one place to another. But this loss of physical security is nothing compared to that which comes from having parents who themselves are insecure.

The bombing experiences in London offered

an interesting opportunity to study children's reactions to security. Anna Freud reported that the children were not at all frightened by the bombing unless their parents also were frightened.[3] The favorite game among them was to play at bombing and not always gently either. Their lack of concern over falling bombs was epitomized by the 9 year old boy who was rushed to a shelter by his mother during a particularly heavy blitz. After about ten minutes he got out his book and began to read. His mother, who was preoccupied by the racket above, shouted at him, "Albert, put down that book and pay attention to the bombing." Difficulties with the children were encountered only if one of the parents was lost or if a sense of fear was displayed by the adults in charge. There are many parents who under the far less trying circumstances of ordinary civilian life feel inadequate and insecure, and these feelings are readily transmitted to even very young infants.

A good deal of ignorance is displayed by the laity as to what constitutes love and affection for their children. It is not an unusual notion that a child is spoiled by being loved too much. Usually this means too much hugging, kissing, holding and rocking. Many children dislike this show of affection, but what none of them can tolerate is the show of love and affection made by parents who fundamentally hold their children in a good deal of contempt and even reject them. The term "ambivalence," which is applied to this type of behavior is a good one. It is the basis on which children are spoiled. I have yet to see the child who was spoiled by too much real love.

Most parents are ambitious for their children. The greater the shortcomings in themselves, the greater the expectations for the child. Parents rarely try to find out what kind of children they have produced, but are constantly moulding them along lines they consider to be beneficial. No allowance is made for the fact that some of us mortals are dull and others bright, some are gifted in one thing and others along different lines. It is the parents' conviction and the belief of some teachers that if you teach them a little harder, the child will respond with flying colors without any other stimulus. This conflict between parent and child is the source of much difficulty. I recall the child who was failing the second grade. Her intelligence quotient turned out to be 165, the highest tested in our department. Behind this paradox were two highly educated parents who had employed seven tutors at various times to teach their daughter ballet dancing, French, Spanish and what not. As soon as this training was halted, the child proceeded to pass her school work.

I have no intention of reviewing the field of child psychiatry. I am only trying to indicate that with these few facts in mind the general practitioner is in a position to make more accurate diagnosis. This is not to be done by blood counts, roentgen studies, tests for allergens and so on, but by the intelligent taking of histories. When psychic disturbances are suspected, this can be done by the physician untrained in psychiatry if he realizes that to a considerable extent the child is a product of his environment and if he has some basic ideas as to what parts of the environment are important in the health of the child.

The diagnosis of emotional disturbances in children or in their parents is made obvious if the physician is willing to accept the fact that such things as enuresis, truancy from school, night terrors, continuation of negativistic ways beyond the years when they normally should drop out and inability to sleep are symptoms and not diseases. If, on the other hand, the physician looks upon enuresis only as a bad habit or thinks that chronic absence from school is the prerogative of the future bank president, as one of our popular magazines had it recently, he does not comprehend the forces that are at work in children's lives.

Part of the diagnostic work-up of a child with a respiratory infection is to determine whether he has a rhinitis, from which he will recover in a few days without benefit of medicine, or whether pneumonia has developed due to the hemolytic streptococcus, from which he will die unless he gets sulfa drugs, penicillin, an oxygen tent and thoracentesis. The variation in severity of behavior disorders is just as great as in respiratory infections. The ability of the general practitioner and pediatrician to diagnose degrees of emotional conflict in children is less well developed than their powers of diagnosis in the case of infections. There are two explanations for this difference. The physicians are less well trained in psychiatry than they are in infectious diseases, and the problem is more difficult and time-consuming in the domain of psychiatry than in the field of infectious diseases. It is true that

competent physicians are able to diagnose pneumonia from the foot of the patient's bed, although this is not good practice, and they can recognize hysteria and schizophrenia in a child without too much effort at times. But, as far as my own personal experiences go, it is more difficult for me to be sure whether the healthy child who will not eat has a mother who is only a little upset and a little fearful, or whether the mother has a deep-seated emotional conflict of a serious nature. And as for finding out what lies behind the mother's distrubances or the father's, as well as the child's, the psychiatrist often works and struggles for hours, days and months.

This phase of the pediatrician's work with psychiatry in children is not academic. Far from it. On his powers of diagnosis rests the question of whether he is going to try to handle the situation by himself or seek outside help. Knowing when to have a consultation in the field of organic medicine is to have reached a consumate peak of perfection attained by few. In dealing with children this is doubly true. The problem of knowing which children need expert psychiatric and psychologic advice is extremely difficult and one on which we need more information. So far as I am aware, no efforts have been made by the pediatricians to study this aspect of the problem. It is simplified at present by the almost complete absence of psychiatrists, but this is a situation that probably will be short-lived.

There are some aids in making a diagnosis of severity of emotional disorders in children. Estimation of the mother's or father's emotional stability, chronicity of the disorder and estimation of the child's emotional and mental health are all important factors to be reckoned with. The parents who have gone to one physician after another in search of the answers they want to hear are particularly easy to spot as ones whose children will likely have relatively less chance to recover from their "nervousness," enuresis and other troubles. The nature of some disorders is more serious than others. Repeated truancy from school, vomiting every day from psychic causes, repeated stealing and other asocial behavior constitute problems that offer considerable difficulty in therapy and are not to be looked upon as mere passing fancies.

I do not wish to say much in respect to treatment, as I believe that this is a more difficult problem than diagnosis. All of you are aware that theories of psychiatric treatment are in a state of flux. One of the primary aims of the therapeutist dealing with behavior problems in children is to bring the parent to accept the fact that the child's behavior is due to some emotional conflict. I am always agreeably surprised whenever a parent asks, "Doctor, do you think it could be something mental or imaginary?" Such a person has gone a long way on the road to understanding. I am even more pleasantly surprised when a parent says that perhaps a child is nervous because he, the father, or she, the mother, is nervous. The basis is then established for real therapy. Self confession by the parent is one thing. A confession wrung or forced from the parent by the physician is quite another. The dangers of setting up strong feelings of guilt in the parent under such circumstances should be appreciated by anyone who attempts to handle behavior problems.

There is another aspect of therapy on which I should like to comment. There are not a few children in the domain of child psychiatry who offer insoluble or partly soluble problems. There is no known cure for schizophrenia whether it occurs in children or adults. Some children with epilepsy have great emotional instability, which prevents their taking their rightful place in society. Institutional life offers the only hope at present of coping with these children whose emotional life is so disturbed as to make them inadequate for ordinary life. The need for institutional care for these children should be recognized just as fully as it already has been for the child whose mental capacity is insufficient for ordinary existence in society.

The physician has an opportunity in the field of prophylaxis and prevention of behavior problems that is just beginning to be explored. The cynics will jibe that you cannot change human nature. I have no illusions on that score, but I do think that we can start with the expectant mother and rid her of the many superstitions and misconceptions that beset her and attempt to offset the well meant but often poor advice that she receives from her in-laws, her neighbors and near relations. I think by making a much greater effort than we have done in the past we can get across to her some of the concepts we have been discussing. We have been trying this approach at New Haven for the last several years and would like to go ahead with more extensive plans.

I think you might be interested in what we have attempted.

The nursery is under the full direction of the Pediatrics Service. The interns take turns running the nursery for periods of two months each. Dr. Edith Jackson, who is one of our psychiatrists, and I are in attendance. The intern takes care of the babies, interviews each mother and discusses her baby with her before she goes home. If he runs into more trouble than he can handle, he refers his problem to us, usually jointly. After the mother and baby are discharged from the hospital, he visits them in their home and acts as the family physician until the infant is six weeks old. His visits are such that he reaches every mother within a day or two after discharge and as many times after that as he deems necessary.

The purpose of this extern service is to give the mother the support she needs during a period that is full of considerable physical and emotional difficulty. The mother who lies in her safe hospital bed and is waited on by trained attendants is ill prepared to make the transition to the home environment, where conflicting advice will be offered on all sides and where problems concerning her baby will plague her. If she is a primipara, she is apt to be quite lacking in her confidence to handle this squirming object. She is afraid she is going to drop it or do something to harm it. Worse than that, she for the first time hears the baby cry. Her confidence in her ability to nurse the baby, which in this country at the present time is at a very low ebb, is utterly lost, and she demands that the baby be put on a bottle. Loss of confidence in the ability to nurse her baby is not just a loss of so much breast milk, but is a loss of confidence in her ability to be a mother. Her readiness to abandon the breast for the bottle is an admission of her increasing reliance on things scientific. Her belief increases that a baby is something you can buy on the installment plan and feed so many calories and vitamins and that is enough.

We should like to expand our help to the mother even further. We should like to take advantage of the time the mother and baby spend in the hospital to help the mother learn more of the baby and to help ourselves to learn more about the mother and the baby. These objectives, we believe, could be accomplished by having the baby stay with the mother in the same room and not in a separate one. The mother then could learn what her infant's needs are at first hand. Instead of waiting until she gets home to find out what problems will vex her, she would be confronted with many of them in the hospital. We would let her nurse her baby when she or the baby wanted to and for as long as she or the baby wanted to. We have tried this plan with a few mothers, wholly on a voluntary basis. The mothers have been offered the opportunity of having the babies with them. The few times that we have tried this experiment it has been eminently successful for the mother, the baby and the physicians.

This business of helping the newborn infant through aid to the mother probably could be extended into the prenatal period with profit. There is much that might be accomplished through the combined efforts of the obstetrician, pediatrician and psychiatrist in this period to help lay a better foundation for the emotional health of the child. The emotional relationship between the mother and newborn infant has not benefited in recent years by the increasing tendency for obstetricians and pediatricians to divide sharply their responsibilities for the care of these two beings whose contacts with each other are so intimate.

A few years ago Dr. Brennemann wrote an article in which he deplored the terrible effects on the laity that were accruing because of the medical profession's increasing concern with psychosomatic medicine.[4] He said that mothers were beginning to bring their children to him for psychoanalysis and for psychiatric treatments when no problem existed. I do not doubt for a moment that we must expect this kind of attitude on the part of parents. We have seen them bring in their healthy children, complaining bitterly that they will not eat. We have traced this fear to our increased knowledge in the field of nutrition. We deplore it, but we do not on this account abandon our efforts to acquaint the public with our new knowledge. In the case of nutrition we were shortsighted in not anticipating this reaction on the part of the public. I think we can anticipate a similar reaction in regard to psychosomatic medicine. I do not believe we should abandon our efforts to learn all we can about it and disseminate this knowledge to the public. It is bound to result in certain difficulties, but who ever heard that growing-up is a painless process?

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INFECTIOUS MONONUCLEOSIS; TYPHOID TYPE

MAJOR MILTON S. SASLAW
MEDICAL CORPS, ARMY OF THE UNITED STATES

A number of reviews of the subject of infectious mononucleosis have recently appeared in the literature. In the report by Walker,[1] the cases were divided into six groups according to the pertinent symptoms displayed. These groups were classified as respiratory, febrile, lymphadenopathic, exanthematous, involving the central nervous system, and gastrointestinal. In an earlier review by Tidy,[2] three general classes were considered, anginal, glandular and febrile. All recent authors have brought out the important point that infectious mononucleosis is protean in its manifestations. Frequently the diagnosis can be confirmed only when the disease is suspected, and unusual syndromes should cause the physician to consider this disease as a possible etiologic factor. The truth of these statements is verified in the following report of a case.

REPORT OF CASE

The patient was a 32 year old medical officer who had received an innoculation of typhoid vaccine as a stimulating dose on April 10, 1944, at 11 a.m. At 6 p.m. on the same day, his temperature was elevated to 103.4 F., and he complained of chills, malaise and headache. This condition subsided, but recurrent chills and malaise continued for two weeks, with the patient continuing on duty.

On April 26, physical examination revealed splenomegaly, and the sedimentation rate was elevated to 29 mm. per hour (normal up to 15 mm.). The patient was hospitalized, complaining of nausea and anorexia. The results of the physical examination were normal except for the enlarged spleen. Laboratory examination revealed a red blood cell count of 4,300,000, a white blood cell count of 4,500, a hemoglobin estimation of 91 per cent, a normal platelet count, no morphologic abnormality, and a differential count of 44 lymphocytes, 39 polymorphonuclear leukocytes (12 stabs and 27 segmented forms), 11 monocytes, 5 eosinophils and 1 basophil. Stool culture for typhoid organisms was negative.

In the hospital, the patient had a slight elevation of temperature in the evening, up to a maximum of 101 F. on the day of admission. He remained hospitalized for twelve days, showing gradual improvement. The only gastrointestinal symptoms were nausea and anorexia, requiring frequent small feedings. No intestinal upsets were noted. In the convalescent period, because of pylorospasm small doses of atropine were administered.

A tentative diagnosis of reaction to typhoid innoculation was considered, with a mild active typhoid fever to be eliminated. Further laboratory studies were performed, as tabulated in table 1. Study of blood smears revealed leukocytoid lymphocytes in over 30 per cent of the cells, and a diagnosis of infectious mononucleosis was established. The patient was discharged from the hospital on May 8. On June 6, there was still sufficient leukocytoid reaction to verify the diagnosis, though a heterophil antibody reaction was again negative.

DISCUSSION

This case is presented because of its diagnostic problem and because the diagnosis could only be proved by hematologic study. A number of cases have been reported in which the disease resembles typhoid fever or has occurred in association with it. In this regard, Bernstein[3] commented:

Infectious mononucleosis and typhoid fever may resemble one another in a variety of features, including headaches, epistaxis, bradycardia with a dicrotic pulse, splenomegaly, rose spots, leukopenia, and lymphocytes (which in typhoid may reach 80%). Consequently the distinction between the two diseases may be extremely difficult. When one recalls, further, and, finally, that

Table 1. Blood and Urine Studies in a Case of Infectious Mononucleosis

Dates	RBC	WBC	Hgb	Polys	Lymphs	Eosin	Baso	Mono	ESR	Cult	Urine	Widal	Heterophil Antibody
Apr. 24	4.3m	4500	91	39	44	5	1	11					
Apr. 26	4.8m	5250	97	44	44	3	3	6	29				
Apr. 27		6500		34	57	1	0	6			Neg.		Neg.
Apr. 28		6200								Neg.			
Apr. 29		6500		25	66	1		8				O-1:160	
												H-1:320	
May 1		7600		27	69	2		2					
May 2		6950		25	66	1	2	6		Neg.	Cult	O-1:160	
											Neg.	H-1:320	
												Paraty.-	
												Neg.	
												Undul. F.-	
												Neg.	
												Weil Felix-	
												Neg.	
May 8		8050		28	64	3	1	4	42				
May 13									33				Neg.
May 27		9000		41	51*	8							

*33 per cent leukocytoid lymphocytes.

the two conditions may occur together, it is obvious that differentiation may, at times, have to wait upon the clinical course. Any person assumed to be suffering from typhoid fever who does not provide cultural confirmation of this diagnosis should be carefully examined for evidence of infectious mononucleosis.

Bernstein[3] further stated:

Within the first week there may be a well marked leukopenia due chiefly to reduction of the myeloid cells but sometimes in part referable to diminution of the mononuclear elements. Thus, in one of our cases the leukocyte count on the sixth day was 2,950, polymorphonuclears 59%, lymphocytes 41%. Where leukopenia exists at the onset, the leukocyte count invariably rises to a normal level before fever has disappeared but seldom above that level. In our seven cases of this type with a count below 4,000, the leukocytes rose above 10,000 in only two. Other examples of leukopenia have been noted: 2,400, 2,150, 2,000, 1,500.



Fig. 1.—Osgood cells characteristic of infectious mononucleosis (Photomicrograph taken at U. S. Army Medical Museum)

The case presented could not possibly have been diagnosed as infectious mononucleosis without the positive blood smear (fig. 1). Even the heterophil antibody reaction, which was repeated on several occasions, was consistently negative, but, as Kaufman[4] pointed out, a positive heterophil antibody reaction supports the diagnosis of infectious mononucleosis, but a negative reaction to the test does not rule it out.

In the accompanying photomicrograph (fig. 1) are several examples of leukocytoid lymphocytes considered characteristic of this disease and referred to as Osgood cells. They are characterized by (1) variable size, structure and staining characteristics; (2) unusually dark grossly staining nuclei; (3) basophilic staining cytoplasm, often vacuolated ("foamy"); and (4) fenestration of the nucleus. These cells are considered to be relatively mature but atypical cells of the lymphocytoid series.

SUMMARY

A case of infectious mononucleosis easily confused with typhoid fever is presented. The only positive fact in the diagnosis is the positive hematologic evidence.

It is believed that studies for infectious mononucleosis should be performed in all cases of bizarre and noncharacteristic fevers.

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DUNCAN T. MCEWAN, M.D. Alternate.....*Orlando*
(Terms expire Dec. 31, 1946)

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ASSOCIATION'S ANNUAL MEETING TO BE HELD APRIL, NINETEEN FORTY-SIX

Dr. John R. Boling, president, announces that the Seventy-Second Annual Meeting of the Florida Medical Association is scheduled for April 22, 23 and 24, 1946 in Jacksonville.

The dates for this meeting were set by the Board of Governors at a meeting held in Tampa recently. It is the province of the Board to designate the convention dates. At the last meeting of the House of Delegates, Jacksonville was selected as the convention city.

Elaborate plans are under way for the annual meeting next year when our members and guests will assemble at their first peacetime convention in five years. A large number of our medical officers will have returned; many will be able to attend the meeting. Civilian practitioners will undoubtedly have secured sufficient relief so that many of them can, with clear consciences, leave their practices for a two or three day vacation. Wartime bans and restrictions will have been lifted. What an occasion for reunion and jubilation!

The George Washington Hotel will be convention headquarters. The first official session of the State Association will convene at 1:30 p.m., Monday, April 22, 1946. There will be two meetings of the House Delegates, and plans are already under way to have the best scientific program possible. Dr. H. E. White of St. Augustine is chairman of the Committee on Scientific Program. The technical exhibits should be of unusual interest as many new advances in medicine, both in instruments and drugs, will be presented.

Specialty groups are scheduled to meet on Monday forenoon, prior to the opening session of the Association.

You are urged to begin making plans now to attend the Seventy-Second Annual Convention of the Association. H. L. P.

DR. SOWDER IS NAMED STATE HEALTH OFFICER

Dr. Wilson T. Sowder has been appointed state health officer for Florida, effective September 25. Governor Caldwell made the announcement after receiving the resignation of Dr. Henry Hansen who, it was stated, has retired.

Dr. Sowder is a native of Virginia. In 1934 he was commissioned assistant surgeon of the United States Public Health Service and has been associated with the U. S. Marine hospitals in this country and with the U. S. Coast Guard in Alaskan waters.

In 1940 Dr. Sowder was named venereal disease control officer at Pensacola and served in that capacity also in Tampa in 1942. The following year he served as director of venereal disease control and later was named director of the Bureau of Local Health Service, cooperating with the State Board of Health. He has since been consultant of disease control for the War Shipping Administration in Washington and consultant general of public health and venereal disease control of the U. S. Public Health Service in Dallas, Texas.

Dr. Sowder has been given an indefinite leave of absence by the U. S. Public Health Service to accept the position of state health officer for Florida.

The members of the State Board of Health are Dr. Herbert L. Bryans, Pensacola, president; Dr. Robert B. McIver, Jacksonville, and Mr. William Parr, Tampa. H. L. P.

A. M. A. HOUSE OF DELEGATES

The annual meeting of the House of Delegates of the American Medical Association will be held in Chicago for four days, beginning December 3.

The annual session, usually held in June, but delayed this year because of wartime travel restrictions, was called by Herman L. Kretschmer, M. D., Chicago, President of the A. M. A., and H. H. Shoulders, M. D., Nashville, Tenn., Speaker of the House of Delegates.

Because of the war the annual A. M. A. convention could not be held in New York this year. A wartime session, attended by more than 7,000, was held in Chicago last year. San Francisco was selected some years ago to play host to the June, 1946, convention.

FLORIDA LEGISLATURE

At the 1945 session of the Florida legislature a number of good bills became laws and a number, which in the opinion of physicians would have been detrimental to public health, were defeated. Officers of the State Association, the Committee on Legislation and Public Policy, officers and members of the county medical societies and many persons representing allied interests cooperated generously.

All groups, whether laymen or physicians, who are interested in the enactment of any type of legislation affecting the practice of medicine, are urged to remember that the legislature meets in April and May of uneven years, and that it is of incalculable advantage to your state Committee on Legislation and Public Policy to be informed of anticipated legislative activities at least six months before the legislature convenes. It is extremely difficult to get legislation enacted when our Committee receives the bills *after* the opening of the legislature.

Senate Bill No. 44, relating to marriage licenses and requiring the certificate of a physician and a premarital serologic test, was enacted into law and, while it is not a perfect piece of legislation and we all know that the serologic test is not the ultimate, it is, nevertheless, a step in the right direction. It became effective Oct. 1, 1945.

The act relating to the practice of medicine and requiring licensed physicians to register annually (Senate Bill No. 435) tightens the existing law. Heretofore, many violations of the Medical Practice Act were classed merely as misdemeanors, and thirty, sixty or ninety days in the local bastille meant little to violators. Under this new amendment, a sentence of from one to five years in the state penitentiary will likely have a much more salutary effect upon persons who are convicted.

The act concerning the enforcement of laws relating to public health, the practice of medicine, surgery, chiropractic, naturopathy and midwifery (Senate Bill No. 179) will be beneficial because it specifically charges the State Board of Health with the enforcement, among others, of the Medical Practice Act.

House Bill No. 26, which became a law, authorizes the establishment and operation of a South Florida State Hospital, to be located within the county of Highlands.

House Bill No. 883 became a law. It is an enabling act under which setups may be formed to provide prepaid hospital and medical service. This bill, with which members of the Association are familiar, aroused considerable interest and received statewide approval.

House Bill No. 724, enacted into law, authorizes the Governor to designate a state agency and to appoint a state advisory council for the purpose of making a survey of existing hospitals and the need for construction of hospitals.

The new laws which particularly concern the practice of medicine will be included in full in the 1946 issue of the Florida Medical Directory, a copy of which will be mailed to each member of the State Medical Association. The enacting clauses or synopses of certain laws are appended.

Harold D. Van Schaick.

ENACTING CLAUSES OR SYNOPSES OF SOME LAWS PASSED BY 1945 LEGISLATURE

Requiring serological test for discovery of syphilis in pregnant women—Chapter 22644. No. 130. S. B. No. 45: an act to prevent the occurrence of congenital syphilis; requiring a serological test for discovery of syphilis in pregnant women; designating standard serological tests and approved laboratories; providing for statement regarding tests to be made on birth or stillbirth certificates; providing manner in which laboratory reports are to be made; providing tests shall be made free of charge; authorizing use of reports for protection of the public health.

Providing for the establishment and construction of a south Florida state hospital—Chapter 22696. No. 182. H. B. No. 26: an act authorizing the establishment, construction, equipment, maintenance, operation and management of the South Florida State Hospital and fixing the location thereof; authorizing and directing the Board of State Institutions of the State of Florida to accept as a donation or gift lands described herein as a location for said South Florida State Hospital; authorizing and directing cooperation between the said hospital and the United States and its agencies; providing for the management, control and operation of said hospital, and making an appropriation for said hospital.

Providing for commencement of actions as party plaintiffs by infants, idiots and lunatics—Chapter 22720. No. 206. S. B. No. 175: an act to amend Section 45.02 Florida Statutes 1941, providing for commencement of suits and actions as party plaintiffs by infants, idiots and lunatics; providing for approval of settlement on behalf of infants; authorizing collection of settlements and judgments by parents and guardians; providing for court authorization of releases and satisfactions.

Relating to requirements to practice chiropractic—Chapter 22732. No. 218. H. B. No. 196: an act to amend Section 460.07 Florida Statutes 1941, relating to requirements to practice chiropractic, and to applicants for license to practice chiropractic and their qualifications, the form and contents of applications for examinations to practice chiropractic, and to other required information and evidence as to applicant's educational preparation.

Relating to marriage licenses, requiring certificate of physician and premarital serological test—Chapter 22738. No. 224. S. B. No. 44: an act relating to marriage licenses; requiring certificate of physician as precedent to issuance of marriage licenses; requiring premarital serological test for discovery of syphilis; providing manner in which physicians' certificate and laboratory report are to be made; defining standard serological tests and approved laboratory; providing exemption from physician's certificate because of pregnancy; providing for free blood test and limiting fees of physicians for making examination and issuing certificate; providing for method of filing physicians' certificates, laboratory reports and court proceedings to be kept confidential; invalidating marriages contracted in attempted evasion of this act; and providing for the effective date of this act.

Providing for acceptance of funds or grants by the State Board of Health—Chapter 22746. No. 232. H. B. No. 210: an act to provide for the acceptance of funds or grants by the State Board of Health; to provide for the manner in which said funds or grants shall be disbursed.

Amending sections relating to the Florida State Tuberculosis Board—Chapter 22763. No. 249. H. B. No. 373: an act amending Sections 392.04, 392.07, 392.09, and 392.10 Florida Statutes 1941, relating to the creation of the Florida State Tuberculosis Board; prescribing its powers and duties and authorizing said board to establish and maintain district tuberculosis sanatoria; to accept gifts, grants, or loans from the Federal Government, or any agency thereof, or from any other available source, for the establishment of such sanatoria; authorizing said Tuberculosis Board to provide for the securing and repayment of such loans; and providing for the admission of patients to such sanatoria and authorizing said Board to prescribe the conditions under which patients may be admitted to said sanatoria and fixing the maximum charges for indigent and semi-indigent patients; and repealing all laws in conflict herewith.

Authorizing the State Tuberculosis Board to receive for hospitalization any tuberculous ward or charge of the Federal Government—Chapter 22764. No. 250. H. B. No. 374: an act authorizing the State Tuberculosis Board in its discretion to receive for hospitalization care and treatment in any tuberculosis sanatorium operated by it, any tuberculous ward or charge of the Federal Government, or any agency thereof, under such rules and regulations and upon such terms and conditions as said Board may prescribe; and authorizing said Board to enter into such contracts as it may deem advisable with the Federal Government, or any agency thereof, to carry out the objects and purposes hereof.

Amending Section relating to sick and funeral benefit insurance—Chapter 22769. No. 255. H. B. No. 543: an act amending Section 638.14 Florida Statutes 1941, relating to sick and funeral benefit insurance.

Amending statutes relating to workmen's compensation law—Chapter 22814. No. 300. S. B. No. 226: an act to amend Section 440.13, Florida Statutes 1941, and Section 440.15, Florida Statutes 1941, and Section 440.25, Florida Statutes 1941, and Section 440.44, Florida Statutes 1941, as amended by Chapter 21875, Acts of 1943, relating to the Workmen's Compensation Law and creating the Florida Industrial Commission by providing that the Industrial Commission may order the employer and/or insurance carrier to furnish medical treatment to injured employees in excess of one thousand dollars if the nature of injury or the process of recovery may require such action; and by providing that if the employee objects to the medical attention furnished by the employer and/or insurance carrier it shall be the duty of the employer and/or insurance carrier to select another physician to treat the injured employee unless the commission determines that a change of medical attention is not for the best interest of the injured employee; and by providing the method for the payment of compensation for permanent partial disability not otherwise scheduled; and by providing that applications for review from orders of deputy commissioners may be filed with the commission; and by providing that the commission may make certain expenditures; and by providing when this act shall become effective; and by repealing all laws in conflict with this act.

Enabling act relating to maintaining and operating non-profit medical, surgical and hospital service plans—Chapter 22826. No. 312. H. B. No. 883: an act providing for and regulating the incorporation and licensing of corporations not for profit to maintain and operate non-profit medical and/or surgical and/or hospital service plan or plans in the State of Florida; providing for the supervision and regulation of such corporations by the insurance commissioner of the State of Florida, exempting such corporations from insurance laws in conflict with this act, providing for the qualification of existing corporations, providing for effect of invalidity of section or portion thereof, providing penalities for the violation of the provisions of this act, and repealing all laws in conflict therewith.

Relating to a state agency to make a survey of existing hospitals and need for construction of additional facilities—Chapter 22851. No. 337. H. B. No. 724: an act to authorize the Governor of the State of Florida to designate a State agency and appoint a State advisory council for the purpose of making a survey of existing hospitals and ancillary facilities and the need for construction of hospitals and ancillary facilities in Florida and to comply with the provisions of federal legislation whereby federal funds are available for such purposes; and making an appropriation to carry out the provisions of this act.

Amending section relating to workmen's compensation law—Chapter 22852. No. 338. H. B. No. 779: an act to amend Chapter 440, Florida Statutes 1941, as amended by Chapter 21875, Laws of Florida, Acts of 1943, relating to the Florida Workmen's Compensation law by defining occupational diseases; by providing for the inclusion of occupational diseases for the payment of compensation when causing disability or death; prescribing the manner for such compensation payments; providing for a study and report by the workmen's compensaton division of the Florida Industrial Commission; repealing all laws in conflict herewith and making the effective date July 1, 1945.

Relating to State Board of Veterinary Examiners—Chapter 22915. No. 401. S. B. No. 543: an act to amend Section 474.08 Florida Statutes, 1941, prescribing penalties for violations of Chapter 474, Florida Statutes 1941, relating to the State Board of Veterinary Examiners, so as to authorize said board to enjoin persons from practicing veterinary medicine and surgery or veterinary dentistry without a license.

Chapter 22927. No. 413. S. B. No. 148: an act to amend Section 500.15, Florida Statutes, 1941, relating to and defining misbranded drugs.

Relating to the practice of medicine, requiring licensed physicians to register annually—Chapter 23005. No. 491. S. B. No. 435: an act relating to the practice of medicine and specifically amending Section 458.15 of the Florida Statutes, 1941, making it unlawful for licensed physicians to fail to register annually, and making it a felony for any person to directly or indirectly sell or fraudulently obtain or furnish any medical diploma, license record or registration or to engage in the practice of medicine unless duly licensed under the name under which he practices or while a license lawfully issued to him is suspended or revoked.

Relating to enforcement of laws relating to public health, practice of medicine, surgery, chiropractic, naturopathy and midwifery—Chapter 23016. No. 502. S. B. No. 179: an act relating to the enforcement of laws relating to public health and the practice of medicine, surgery, chiropractic, naturopathy, nursing and midwifery, and providing for such enforcement by law enforcement officers of the State of Florida and the counties thereof and the State Board of Health.

Chapter 23091. No. 577. H. B. 657: an act revising and amending Section 62.33 Florida Statutes, 1941, and relating to proceedings for the restoration of the disabilities of persons adjudged to be lunatics or insane.

Chapter 23111. No. 597. H. B. No. 400: an act to require chiropractors to register annually with the State Board of Health.

Chapter 23133. No. 619. H. B. 583: an act revising and amending Section 394.09, Florida Statutes, 1941, and relating to the custody and transportation of lunatics and insane persons to the Florida State Hospital.

Amending section relating to unlawful securement of patronage in connection with the practice of optometry—Chapter 23155. No. 641. H. B. No. 302: an act to amend Section 463.14, Florida Statutes, 1941, relating to unlawful securement of patronage in conjunction with the practice of optometry so as to make it also unlawful for any person to advertise in any manner or by any means that will tend to mislead or deceive the public with respect to sales price or terms for the purchase of lenses, frames, complete glasses or any optometric services or in such manner as to claim directly or indirectly superior qualifications than others rendering like services.

Amending sections pertaining to adjudication of persons mentally or physically incompetent—Chapter 23157. No. 643. H. B. No. 405: an act amending, revising and modernizing Sections 394.20, 394.21, 394.22, and 394.23, Florida Statutes, 1941, and pertaining to the adjudication of persons mentally or physically incompetent, providing the procedure to be followed in obtaining such adjudication, providing for the detention of such incompetents, the appointment of examining committees, the commitment of such incompetents, and further providing for such physically and mentally incompetent persons.

MEDICAL OFFICERS RETURNED

Dr. John F. McGuire, Clermont, who entered military service on September 3, 1942, received his discharge on October 28, 1945. He held the rank of Captain in the Army.

Dr. A. M. Manson, Jacksonville, who entered military service on Jan. 6, 1941, received his discharge on Aug. 6, 1945. His address is 1804 Lorimer Road, Jacksonville 7. He held the rank of Major.

Dr. M. A. Lovejoy, Ft. Lauderdale, who entered military service on Aug. 17, 1942, received his discharge on Feb. 10, 1945. His address is 401 Sweet Building, Ft. Lauderdale. He held the rank of Captain in the Army.

Dr. Walter G. Miles, Chattahoochee, who entered military service on Oct. 19, 1942, received his discharge on June 9, 1945. He held the rank of Lt. Commander.

Dr. G. F. Oetjen, Jacksonville, who entered military service on April 7, 1941, received his discharge on July 13, 1945. His address is 211 East Forsyth Street, Jacksonville 2. He held the rank of Major.

Dr. Lucien E. Myers, Winter Park, who entered military service on Feb. 5, 1944, received his discharge on April 11, 1945. His address is Box 998, Winter Park. He held the rank of Lt. Commander.

Dr. George Ferre, Miami, who entered military service on Feb. 2, 1942, received his discharge on May 12, 1945. His address is 624 duPont Building, Miami 32. He held the rank of Lt. Commander.

Dr. Walter F. Davey, Stuart, who entered military service on March 4, 1941, received his discharge on Sept. 12, 1945. His address is P. O. Box 475, Stuart. He held the rank of Captain in the Army.

Dr. Walker Stamps, Jacksonville, who entered military service on Nov. 25, 1940, received his discharge on Aug. 18, 1945. His address is 4142 McGirt's Boulevard, Jacksonville 5. He held the rank of Lt. Colonel.

Dr. Frederick K. Herpel, West Palm Beach, who entered military service on May 20, 1942, reverted to retired status on Oct. 12, 1945. His address is 513 Harvey Building, West Palm Beach. He held the rank of Lt. Colonel.

Dr. Phillip M. Bichard, Orlando, who entered military service on Oct. 22, 1942, received his discharge on Jan. 15, 1945. His address is 322 East Central Avenue, Orlando. He held the rank of Lieutenant in the Navy.

Dr. Ernest B. Milam, Jacksonville, who entered military service on Dec. 20, 1940, received his discharge on Jan. 1, 1945. His address is 401 Peninsular Life Building, Jacksonville 2. He held the rank of Captain in the Navy.

Dr. Max Pepper, Miami, who entered military service in 1942, received his discharge on March 1, 1945. His address is 407 Ingraham Building, Miami 32. He held the rank of Lieutenant in the Navy.

Dr. Walter B. Clement of Punta Gorda, who entered military service in July, 1942, received his discharge on Feb. 28, 1945. He held the rank of Captain in the Army.

Dr. Francis P. Meyer, St. Petersburg, who entered military service on Oct. 12, 1942, received his discharge on Dec. 6, 1944. His address is 233 4th Avenue, N. E., St. Petersburg 4. He held the rank of Captain in the Army.

Dr. S. Charles Werblow of Miami Beach, who entered military service on July 13, 1942, received his discharge on Nov. 2, 1945. His address is 420 Lincoln Road, Miami Beach. He held the rank of Captain in the Army.



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*Synopsis of Materia Medica, Toxicology, and Pharmacology, Davison, F. R.: Hormones, St. Louis, The C. V. Mosby Company, 1942, p. 582.

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Dr. J. V. Safer, Jacksonville, who entered military service on Sept. 8, 1942, received his discharge on May 25, 1945. His address is 720 Professional Building, Jacksonville 2. He held the rank of Captain in the Army.

STATE NEWS ITEMS

Dr. R. D. Thompson, Orlando, visited the Wisconsin State Tuberculosis Sanatorium at Milwaukee in September. He was director of this sanatorium until eight years ago when he became director of the Florida State Tuberculosis Sanatorium.

Dr. Nelson A. Murray, Jacksonville, was the guest speaker at the local Kiwanis Club's meeting on August 29. He discussed the vital role pathology plays in the science of medicine.

Dr. John A. Kelk, Orlando, was the guest speaker at the local Exchange Club's meeting on August 7.

Dr. Lloyd J. Netto, West Palm Beach, addressed the local Rotary Club at a luncheon meeting, August 14. Dr. Netto's subject was socialized medicine.

Dr. Clayton D. Washburn, Jacksonville, spent a week in Philadelphia in October. Dr. Washburn visited a number of clinics on his trip.

Dr. Joseph Halton, Sarasota, was in the North during the latter part of September and the early part of October, doing postgraduate work at the University of Buffalo and taking a special course in diabetes in Boston.

ANNOUNCEMENT—Jesse L. Williams, D.D.S., 332 St. James Building, Jacksonville, will limit his dental practice to peridontia beginning June first.

BIRTHS AND DEATHS

BIRTHS

Dr. and Mrs. Ernest Bostelman of Ft. Myers announce the birth of a son, Fredrick Albert, on September 15.

DEATHS—MEMBERS

Dr. William T. Langley, Sanford—Sept. 11, 1945.

OTHER DOCTORS

Dr. Domenico Merendino, New Orleans, La.—May 6, 1945.

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WILBUR OGDEN ARNOLD

Dr. Wilbur O. Arnold of West Palm Beach died at his home on August 23. He was 47 years old.

Dr. Arnold, born in Devereaux, Ga., attended the premedical school at Mercer University. His medical education was interrupted while he served as a private in the Army Training Corps in World War I. He was in 1931 commissioned a first lieutenant and later a captain in the Medical Corps, U. S. Army Officers' Reserve Corps.

After the war, Dr. Arnold entered Emory University from which he received his medical degree in 1923. He took postgraduate work in Austria in 1931 and later limited his practice to Internal Medicine.

He was a past president of the Palm Beach County Medical Society, a member of the Florida Medical Association and a Fellow of the American Medical Association. He was also a member of the ATO National Fraternity, the Palm Beach chapter of the Sons of the American Revolution, the Elks Club, and the Masonic Lodge.

His wife, the former Miss Olive Edith Shell, survives, together with his two daughters, Helen Elaine and Thelma Jeanne; two brothers, Legare Arnold of Birmingham, and Raymond S. Arnold, Lt. (jg), U. S. Navy, now in California; and three sisters, Mrs. Sumpter Courson, Devereaux; Mrs. Hilliary Thomas, Birmingham, and Mrs. Edison E. Yates, Camp Blanding.

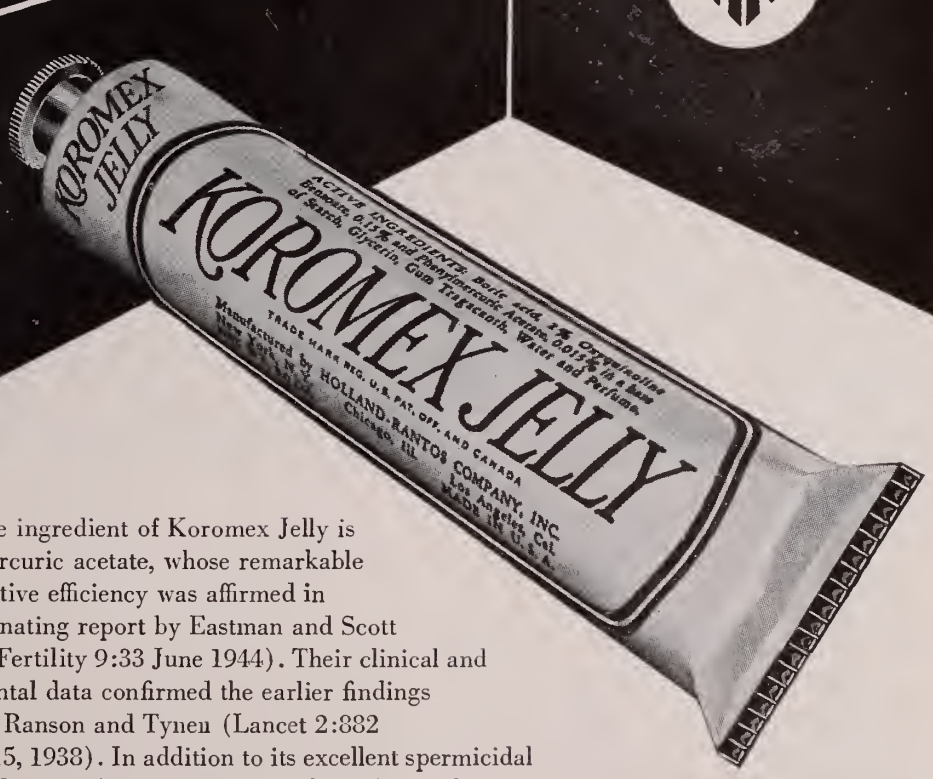
WILLIAM DOUGLAS ANDERSON

Dr. William D. Anderson of Tarpon Springs died at a hospital in Wilmington, Del., on August 15.

Born in Griffin, Ga., Mar. 27, 1894, he served with the United States Army during World War I. He then attended the University of Georgia School of Medicine, from which he was graduated in 1924. He served his internship at the Richmond General Hospital.

On June 24, 1925, Dr. Anderson was married to Miss Corley Price of Virginia and shortly thereafter moved to Tampa where he practiced a short time before locating at Largo. Ten years ago he moved to Tarpon Springs, where he built up a large practice.

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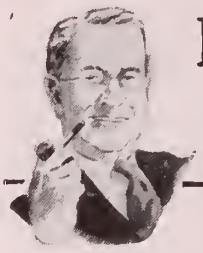
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And it made me think how music—music of the people—overcomes barriers of prejudice and intolerance. A Yankee folk song or an English carol or a Southern melody—they all speak a common language of the heart . . . bind folks together . . . help us forget our grudges.

From where I sit, music can help to make the whole world kin. Maybe we ought to have a lot more of it . . . informal sings around the fire, and in the home. And it's sure true that a mellow glass of beer just naturally goes with that kind of music.

Joe Marsh

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Dr. Anderson was an active member of the local Rotary Club, which he joined Feb. 20, 1936, and held a record of a 100 per cent attendance for nine years. He was chairman of the Crippled Children's Commission and a member of the board of directors of that organization for nine years. He was on the staffs of the Morton Plant Hospital, Clearwater, and the Tarpon Springs Hospital. He was a member of the Pinellas County Medical Society, the Florida Medical Association and the American Medical Association. He was also a member of the Episcopal Church.

Survivors include his wife, Corley Price Anderson; a daughter, Nancy M. Anderson of Tarpon Springs; his mother, Mrs. Mary B. Anderson of Athens, Ga., and a brother, Richard Anderson of Boston, Mass.

WILLIAM LINDER

Dr. William Linder, eminent surgeon of Brooklyn, N. Y., and Miami Beach, Fla., died in Olive Bridge, Ulster County, N. Y., August 11 at the age of 72.

Dr. Linder was born in Beregszasz, Hungary, July 4, 1873, coming to the United States in 1886. He returned to Europe for his postgraduate studies after graduating at Bellevue Hospital Medical College in 1896. He served his internship at St. Catherine's Hospital, Brooklyn, later becoming a member of the gynecologic staff there.

In subsequent years he was a member of the Wyckoff Heights Hospital, the Rockaway Beach Hospital, the Israel Zion Hospital of Brooklyn, where he was surgeon in chief, the Jackson Memorial Hospital, Miami, and the St. Francis Hospital, Miami Beach. In 1935, to honor his twenty-nine years' association with the Jewish Hospital of Brooklyn, the board of directors elected him "dean of surgery," a special recognition to enable him to remain in active service to the hospital. In 1924 he joined the staff of the Long Island College of Medicine, becoming emeritus professor of clinical surgery in 1935.

A member of the founders group of the American Board of Surgery, Dr. Linder was a Fellow of the American College of Surgeons and of the New York Academy of Medicine and a past president of the Medical Society of the County of Kings and the Brooklyn Surgical Society. He was also a member of the Dade

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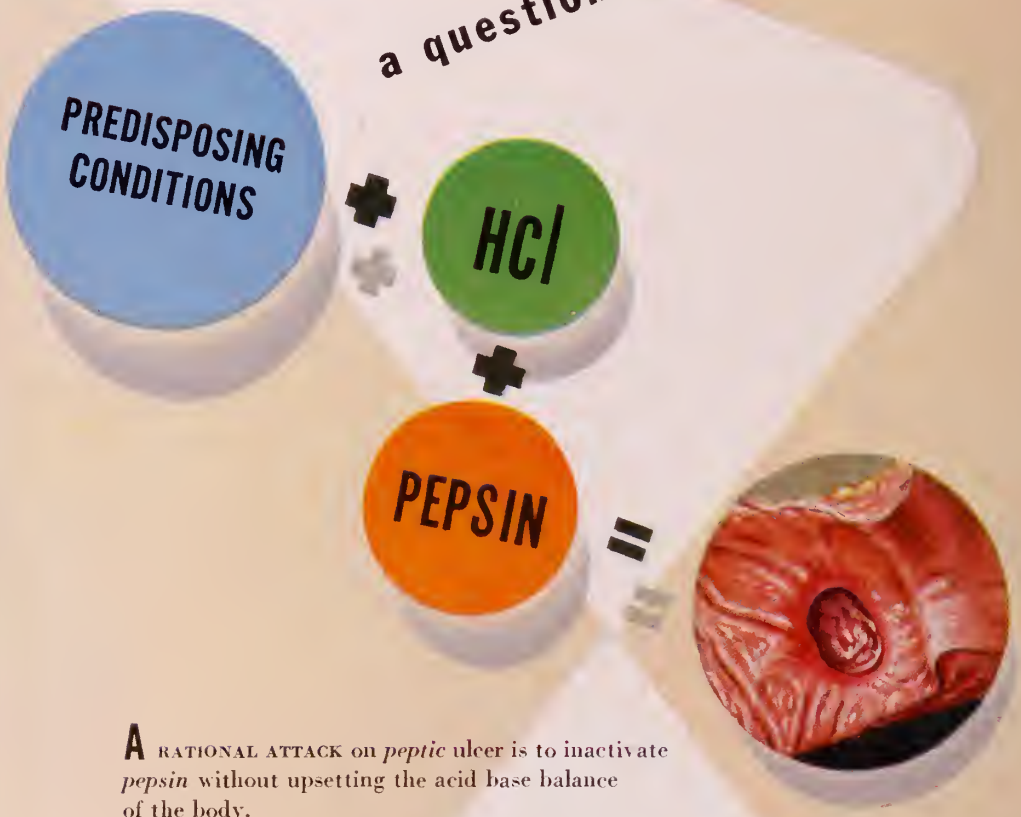
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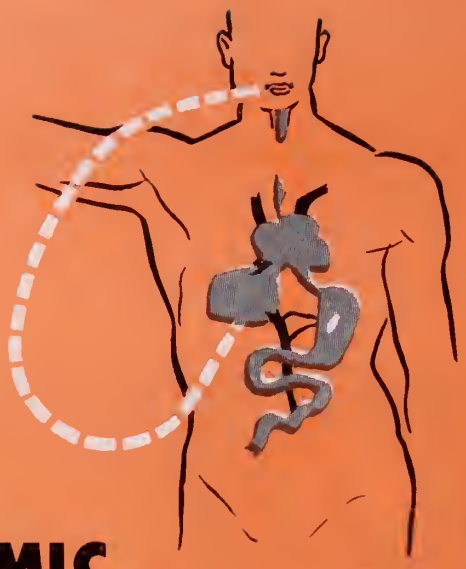
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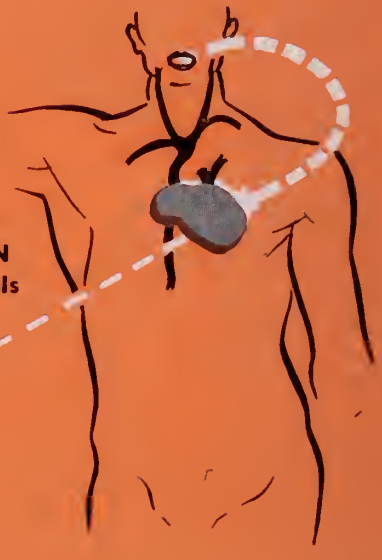
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COMPONENT COUNTY SOCIETIES

DADE

The regular monthly meeting of the Dade County Medical Society was held Tuesday, September 4, at the new nurses' home of the Jackson Memorial Hospital. Dr. Scheffel Wright, the president, presided. Dr. Harrison Walker read an interesting paper on "Appendicostomy."

At a meeting of the Executive Committee of this society, held September 18, Dr. Harrison Walker was named chairman of a committee to make a survey of available office space in Miami inasmuch as there is a shortage of desirable space at this time. This committee will be prepared to give information regarding space to returning medical officers and other physicians who plan to open or reopen offices in Greater Miami.

DUVAL

Dr. Kenneth A Morris was the principal speaker at a meeting of the Duval County Medical Society held on the evening of October 3 at the Seminole Hotel, Jacksonville. His subject was "Carcinoma of the Lungs Simulating Other Disease Entities." A general discussion was held regarding ways and means of financing the construction of a society home on a large lot overlooking St. Johns River which was recently purchased by the society.

Dr. James M. Bryant, president, conducted the meeting.

JACKSON

A large number of physicians from northwest Florida and south Georgia attended a meeting of the Jackson County Medical Society held at Hotel Chipola in Marianna on Wednesday evening, August 29. Dr. Neal Owens, professor of plastic surgery at Tulane University, was the guest speaker. He lectured on the modern treatment of wounds and the progress of plastic surgery, using lantern slides to illustrate his talk.

Refreshments and a chicken dinner were served. Dr. D. A. McKinnon, president of the society, was master of ceremonies.

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PASCO-HERNANDO-CITRUS

Dr. G. R. Creekmore, Brooksville, entertained the members of this society at a chicken dinner at his home on Thursday evening, September 13. Drs. Claude L. Carter, W. H. Walters, S. C. Harvard, W. W. Jones and G. R. Creekmore reported some interesting cases. At the next meeting of the society, to be held in Brooksville, Dr. S. C. Harvard will be host.

Members present were: Drs. Claude L. Carter, G. R. Creekmore, S. C. Harvard, W. Wardlaw Jones, W. B. Moon and W. H. Walters.

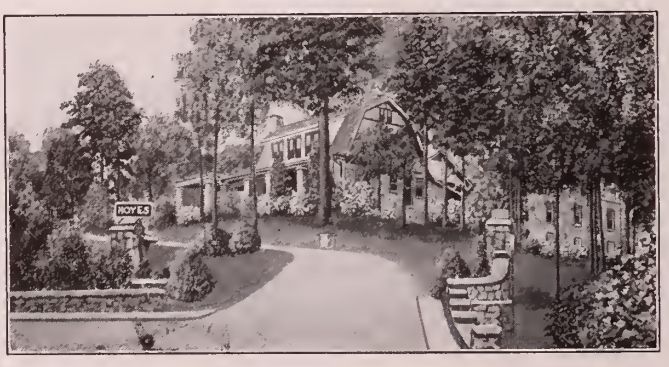
PINELLAS

The society held its annual meeting at the Shrine Club in St. Petersburg, on Oct. 5, with Dr. A. J. Bieker presiding. Annual reports were read by chairmen of standing committees. A resolution on the death of Dr. William D. Anderson was adopted.

The following officers were elected for the ensuing year: president-elect, Dr. J. B. Quicksall; first vice president, Dr. Grace Whitford; second vice president, Dr. Franklin W. Roush; secretary-treasurer, Dr. W. C. McConnell.

The following delegates and alternates were elected to the House of Delegates of the State Association: delegates—Drs. A. M. Feaster, W. C. McConnell, O. O. Feaster, R. H. Knowlton, A. S. Anderson; alternates—Drs. M. A. Black, A. L. Mills, W. M. Davis, H. E. Winchester, R. D. Murphy.

Dr. A. M. Feaster was escorted to the chair by Drs. R. D. Murphy and C. W. Bowman. Dr. Bieker presented the gavel of authority and a memorandum of appreciation for her past work. Dr. Feaster accepted the honor and presented the past president's plaque to Dr. Bieker, who responded with the retiring president's address.



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	SOCIETY	PRESIDENT	SECRETARY	MEETING DATE	MEMBERS Total	MEMBERS Paid	COUNCILOR
A	Bay	Don S. Fraser, M.D. 456 Grace Ave. Panama City	J. O. Barfield, M.D. County Health Unit Panama City		12	4	
	Escambia *Santa Rosa	Thurlow W. Reed, M.D. County Health Unit Pensacola	Lee Sharp, M.D. 24 W. Chase St. Pensacola	2nd Tuesday 8:00 P.M.	48	47	A-1-45 C. D. Whitaker, M.D. Marianna
	Franklin-Gulf	T. Meriwether, M.D. Wewahitchka	J. R. Norton, M.D. Port St. Joe	3rd Tuesday Odd Months	6	100%	
	Jackson *Calhoun	D. A. McKinnon, M.D. Marianna	C. A. Adams, Jr., M.D. Marianna	2nd Tuesday 7:30 P.M.	12	100%	
	Walton-Okaloosa	E. L. Huggins, M.D. DeFuniak Springs	A. G. Williams, M.D. Lakewood	3rd Thursday 8:00 P.M.	6	100%	
	Washington-Holmes	N. J. Dawkins, M.D. Vernon	B. W. Dalton, M.D. Vernon		6	100%	
	Columbia *Baker, Hamilton	William S. Nichols, M.D. Lake City Pharm. Bldg. Lake City	Thomas H. Bates, M.D. Blanche Hotel Annex Lake City	1st Monday 7:30 P.M.	14	100%	A-2-46 G. Wilmot Brown, M.D. Tallahassee
	Leon-Gadsden-Liberty-Wakulla-Jefferson	John L. Williams, M.D. Tallahassee	G. H. Garmany, M.D. Midyette-Moor Bldg. Tallahassee	Quarterly 8:00 P.M.	39	37	
	Madison-Suwannee	Eustace Long, M.D. Madison	E. D. Thorpe, M.D. Madison		10	9	
	Taylor *Dixie, Lafayette	W. J. Baker, M.D. Foley	C. A. O'Quinn, M.D. Perry	Last Friday 8:00 P.M.	4	100%	
B	Alachua *Bradford, Gilchrist, Union	H. M. Merchant, M.D. 106 W. Main St., S. Gainesville	Stuart D. Scott, M.D. Gainesville	2nd Wednesday 7:30 P.M.	27	25	B-3-45 L. Y. Dyrenforth, M.D. Jacksonville
	Duval *Clay	J. M. Bryant, M.D. 303 Medical Arts Bldg. Jacksonville 4	Leo M. Wachtel, M.D. 352 St. James Bldg. Jacksonville 2	1st Tuesday 8:15 P.M.	199	198	
	Marion *Levy	C. W. Mimms, M.D. Commercial Bank Bldg. Ocala	B. F. Drake, M.D. Professional Bldg. Ocala	3rd Wednesday 12:30 P.M.	25	100%	
	Nassau	D. G. Humphreys, M.D. Fernandina	John W. McClane, M.D. Fernandina	2nd Wednesday 8:00 P.M.	6	100%	
	Putnam	E. W. Ford, M.D. Crescent City	B. E. Kane, M.D. Crescent City	2nd Tuesday Even Months 7:00 P.M.	9	100%	
	St. Johns	Charles C. Grace, M.D. East Coast Hospital St. Augustine	Donald T. Rankin, M.D. East Coast Hospital St. Augustine	3rd Tuesday 8:30 P.M.	12	100%	
	Brevard	A. F. Thomas, M.D. 416 Brevard Ave. Cocoa	I. K. Hicks, M.D. Melbourne	3rd Wednesday	11	100%	B-4-46 C. McK. Tyre, M.D. Eustis
	Lake *Sumter	H. S. Cherry, M.D. Center Hill	R. H. Williams, M.D. Eustis	1st Thursday 12:30 P.M.	16	100%	
	Orange *Osceola	Roland T. White, M.D. 211 S. Rosalind Ave. Orlando	Albert C. Kirk, M.D. 823 E. Colonial Dr. Orlando	3rd Wednesday 8:00 P.M.	98	100%	
	Seminole	James A. Smith, M.D. 112 W. 20th St. Sanford	Leland H. Dame, M.D. Co. Health Unit Sanford	2nd Tuesday 5:30 P.M.	12	100%	
	Volusia *Flagler	Geo. M. Green, M.D. Medical Bldg. Daytona Beach	R. L. Miller, M.D. 258½ S. Beach St. Daytona Beach	2nd Tuesday 7:30 P.M.	42	41	
C	Hillsborough	Edward Smoak, M.D. 315 Citizens Bldg. Tampa 2	Charles M. Gray, M.D. 306 Citizens Bldg. Tampa 2	1st Tuesday 8:00 P.M.	114	113	C-5-46 W. Wardlaw Jones, M.D. Dade City
	Manatee	M. M. Harrison, M.D. Professional Bldg. Bradenton	L. W. Blake, M.D. Box 318 Bradenton	3rd Tuesday 7:00 P.M.	13	12	
	Pasco-Hernando-Citrus	William B. Moon, M.D. Crystal River	G. R. Creekmore, M.D. Brooksville	2nd Thursday 7:00 P.M.	11	100%	
	Pinellas	A. M. Feaster, M.D. 166 4th Ave., N.E. St. Petersburg 4	W. C. McConnell, M.D. 313 First Federal Bldg. St. Petersburg 4	1st and 3rd Fridays 6:30 P.M.	111	100%	
	Sarasota	Frank L. Hall, M.D. 252 Arlington Ave. Sarasota	J. M. Butcher, M.D. 209 Commercial Court Sarasota	2nd Tuesday 8:30 P.M.	20	100%	
	DeSoto-Hardee-Highlands-Charlotte-Glades	M. C. Kayton, M.D. Wauchula	C. H. Kirkpatrick, M.D. Box 389 Arcadia	Annually for Duration	20	100%	C-6-45 Edgar Watson, M.D. Lakeland
	Lee *Collier, Hendry	C. G. Merrick, M.D. 26 Leon Bldg. Fort Myers	W. A. Harrison, M.D. 1029 First St. Fort Myers	3rd Tuesday 7:30 P.M.	18	100%	
	Polk	T. H. Roberts, M.D. Box 425 Lakeland	Edgar Watson, M.D. Box 1021 Lakeland	2nd Wednesday 1:00 P.M.	62	60	
D	Palm Beach	Edgar W. Stephens, M.D. 910 Harvey Bldg. W. Palm Beach	David W. Martin, M.D. 618 Comeau Bldg. W. Palm Beach	4th Monday 8:00 P.M.	67	100%	D-7-45 William Y. Sayad, M.D. West Palm Beach
	St. Lucie-Okeechobee-Indian River-Martin	L. L. Whiddon, M.D. 200 Peacock Bldg. Ft. Pierce	Adrian M. Sample, M.D. Box 176 Ft. Pierce	3rd Thursday 8:00 P.M.	16	15	
	Broward	Roland F. Fisher, M.D. 1215 S. E. 2nd Ave. Ft. Lauderdale	O. C. Brown, M.D. 915 Sweet Bldg. Fort Lauderdale	2nd Tuesday 8:00 P.M.	50	100%	D-8-46 E. M. Hendricks, M.D. Ft. Lauderdale
	Dade	Scheffel Wright, M.D. 605 duPont Building Miami 32	George C. Austin, M.D. 140 N. W. 59th St. Miami 38	1st Tuesday 8:30 P.M.	353	341	
	Monroe	Harry C. Galey, M.D. 532 Fleming St. Key West	Leonard H. Conly, M.D. 523 Eaton St. Key West	1st Sunday 9:00 P.M.	8	6	

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Mrs. Laurie J. Arnold, Jr., District "A"....*Lake City*
Mrs. J. H. Owens, District "B".....*Jacksonville*
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DUVAL COUNTY AUXILIARY

The fall meeting of the Woman's Auxiliary to the Duval County Medical Society was held at the home of Mrs. L. M. Wachtel, 3509 Hedrick St., on Thursday, October 4, at 2 p.m.

Mrs. A. F. Caraway, program chairman, presented the guest speaker, Miss Elizabeth Reed, Director of the Duval County Nurses' Association. Miss Reed gave a comprehensive talk on the program of her organization and the way it functions, describing, among others, some humerous experiences. She stated that anyone in need of nursing care, whether he can pay the entire fee, part of it, or none of it, will be visited on request. Thus, any ill person in this community will receive expert attention and care when necessary.

At present the organization has five nurses, and, according to Miss Reed, Jacksonville could easily use twenty-five if the service of this organization was known and understood.

At the close of Miss Reed's message, she was called upon to give a few of her famous monologues. She responded graciously and received enthusiastic applause. Miss Reed is a versatile speaker, able to converse intelligently along many lines; she speaks several languages. The Auxiliary takes pride in the fact that there is a representative group of physicians' wives serving on the voluntary board for the Visiting Nurses' Association.

During the business meeting, Mrs. S. M. Copeland, president, introduced the members of her board for the coming year and outlined their duties. She announced that a state board meeting would be held in Gainesville, October 31, at 12:30 p.m. in the Thomas Hotel.

At the close of the meeting, Mrs. Wachtel was hostess to the Auxiliary at a social hour.



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SCHEDULE OF MEETINGS

ORGANIZATION	PRESIDENT	SECRETARY	ANNUAL MEETING
Florida Medical Association	John R. Boling, Tampa	Robert B. McIver, Jacksonville	Jacksonville
Florida Medical Districts:			
A—Northwest	Courtland D. Whitaker, Marianna	Stewart Thompson, Jacksonville	
B—Northeast	L. Y. Dyrenforth, Jacksonville	" " "	
C—Southwest	Edgar Watson, Lakeland	" " "	
D—Southeast	William Y. Sayad, W. Palm Beach	" " "	
American Medical Association	Herman L. Kretschmer, Chicago	Olin West, Chicago	Canceled
Southern Medical Association	E. Vernon Mastin, St. Louis	Mr. C. P. Loranz, Birmingham	Cincinnati, Nov. 12-15, 1945
Alabama Medical Association	Walter F. Scott, Birmingham	D. L. Cannon, Montgomery	
Georgia, Medical Assn. of	Cleveland Thompson, Millen, Ga.	E. D. Shanks, Atlanta	Macon, Canceled
Florida—			
Section, Am. College Phys.	Meredith Mallory, Orlando	Rollin D. Thompson, Orlando	Jacksonville, Canceled
Basic Science Exam. Board	M. W. Emmel, D.V.M., Gainesville	J. F. Conn, Ph.D., DeLand	DeLand, Nov. 3, 1945
Dental Society, State	Fred O. Conrad, D.D.S., Tallahassee	A. J. Fillastre, D.D.S., Lakeland	
Derm. and Syph., Soc. of	J. Frank Wilson, Jacksonville	Wesley W. Wilson, Tampa	
East Coast Medical Association	T. C. Kenaston, Cocoa	I. M. Hay, Melbourne	Postponed
Hospital Association	Mr. Dewitt Miller, Orlando	Mr. H. A. Cross, Jacksonville	
Hospital Service Corporation	Mr. W. E. Arnold, Jacksonville	Mr. H. A. Cross, Jacksonville	
Industrial Surgeons, Assn. of	Kenneth A. Morris, Jacksonville	A. M. Bidwell, Tampa	
Medical Examining Board	J. B. Kollar, Vero Beach	H. D. Van Schaick, Miami	Jacksonville, Nov. 26-27, 194
Medical Postgraduate Course	Turner Z. Cason, Jacksonville	Chairman	
Nurses Association, State	Mrs. C. Lindabury, Miami Beach		
Ophthal. & Otol., Soc. of	C. E. Dunaway, Miami	Wm. Y. Sayad, West Palm Beach	
Pathological Society	L. Y. Dyrenforth, Jacksonville	Iva C. Youmans, Miami	
Pediatric Society	Ludo von Meysenbug, Daytona B.	Robert Blessing, Ft. Lauderdale	
Pharmaceutical Association, State	Mr. H. B. Douglas, Bonifay	Mr. R. Q. Richards, Ft. Myers	Miami, Postponed
Public Health Association	W. W. Rogers, M.D., Jacksonville	E. M. L'Engle, Jacksonville	Gainesville, Dec. 2-4, 1945
Radiological Society	John A. Pines, Orlando	James F. Pitman, Lake City	
Railway Surgeons' Association	Frank D. Gray, Orlando	W. C. Page, Cocoa	Postponed for Duration
Tuberculosis & Health Assn.	Mrs. Alexander Blair, Lake Placid	Mrs. May Pynchon, Jacksonville	
Chattahoochee Valley Med. Assn.	Herbert E. White, St. Augustine	Robert B. McIver, Jacksonville	Postponed
Gulf Coast Clinical Society	G. G. Oswalt, Mobile, Ala.	C. L. Rutherford, Mobile, Ala.	Postponed
S.E. Sec., Am. Cong. Phys. Ther.	John J. McGuire, Pensacola	Kenneth Phillips, Miami	Postponed
Southeastern Surgical Congress	Alton Ochsner, New Orleans	B. T. Beasley, Atlanta	Postponed for Duration
Suwannee River Medical Society	L. J. Arnold, Jr., Lake City	H. S. Howell, Lake City	

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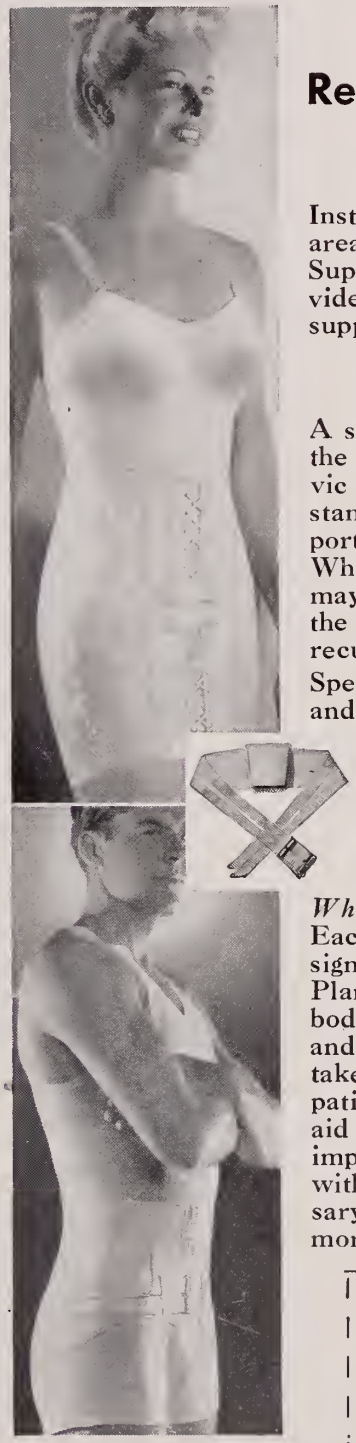
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Nephrectomy
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That the medical profession has recognized the importance of this contribution is indicated by the fact that cereal is now routinely included in the infant's diet as early as the third or fourth month instead of at the sixth to twelfth month as was the custom only a decade or two ago.

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*Pablum, the precooked form of Mead's Cereal, has practically the same composition: wheatmeal (farina), oatmeal, cornmeal, wheat embryo, beef bone, brewers yeast, alfalfa leaf, sodium chloride, and reduced iron.

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Vol. XXXII | DECEMBER, 1945 | No. 6

THE N.Y. ACADEMY OF MEDICINE MAR 27 1946

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Robert H. Nickau

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John R. Boling, President

Peace on Earth
Editorial

Board of Governors Meet
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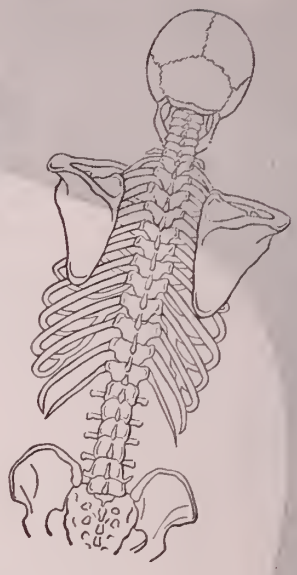
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*McCune, W. S., and Evans, J. M.: Intraventricular Penicillin in the Treatment of Staphylococcic Meningitis, J. A. M. A. 125:705 (July 8) 1944.

Gould, A. H.: Mixed Bacterial Meningitis Following Cranio-Cerebral Trauma, Rocky Mountain M. J. 41:560 (Aug.) 1944.

MacNeal, W. J., and Pease, M. C.: Fulminant Meningococcemia Treated with Penicillin Calcium, Am. J. Dis. Child. 68:30 (July) 1944.

Rosenberg, D. H., and Arling, P. A.: Penicillin in the Treatment of Meningitis, J. A. M. A. 125:1011 (Aug. 12) 1944.

Sweet, L. K.; Dumoff-Stanley, E.; Dowling, H. F., and Lepper, M. H.: The Treatment of Pneumococcic Meningitis with Penicillin, J. A. M. A. 127:263 (Feb. 3) 1945.

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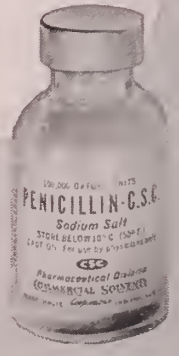
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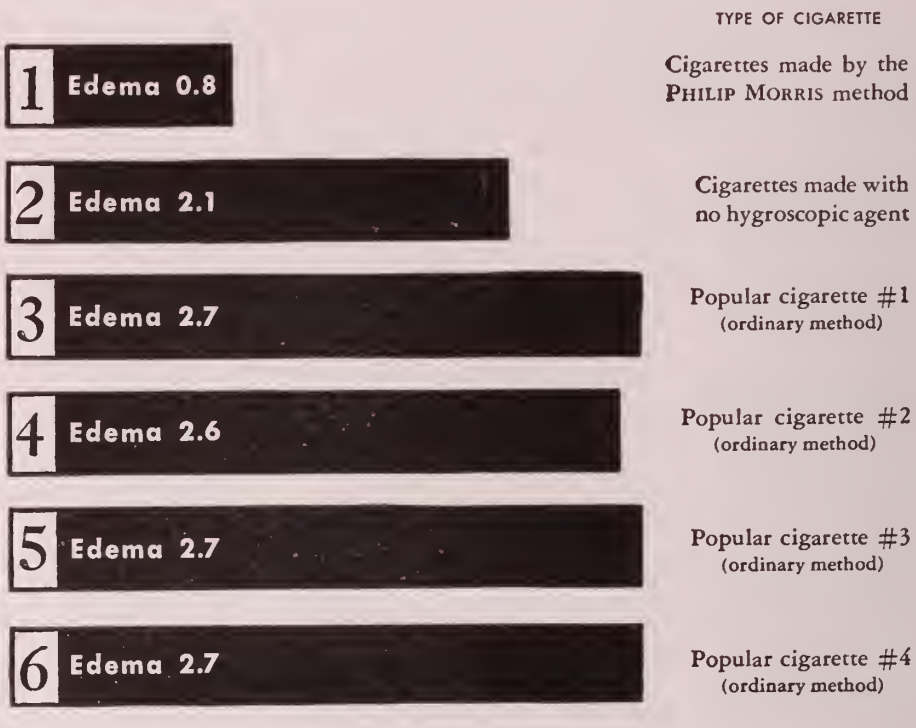
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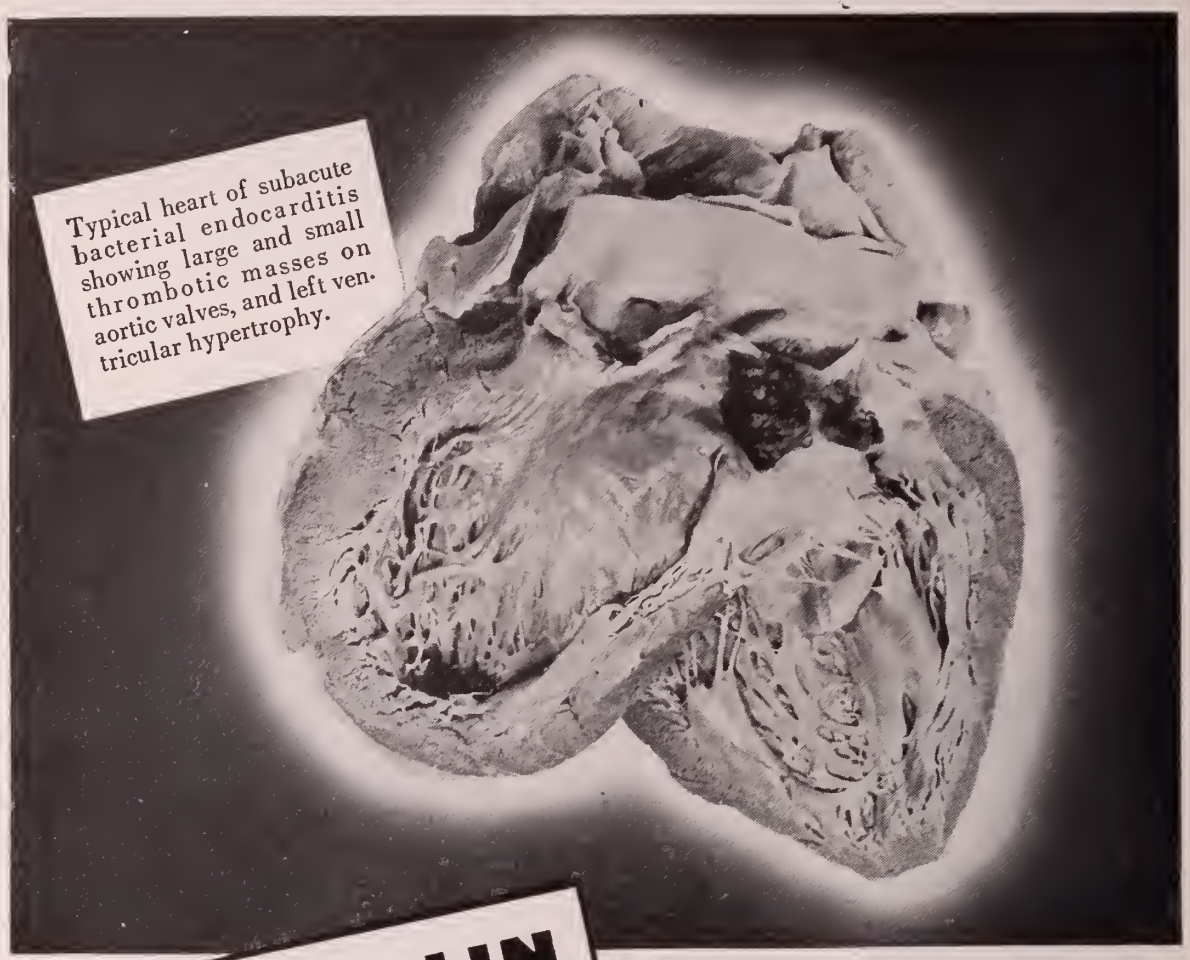
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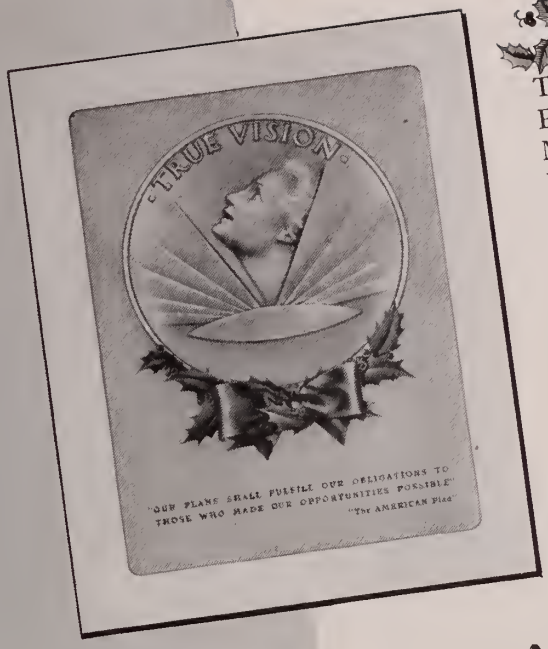
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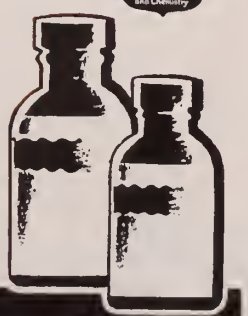
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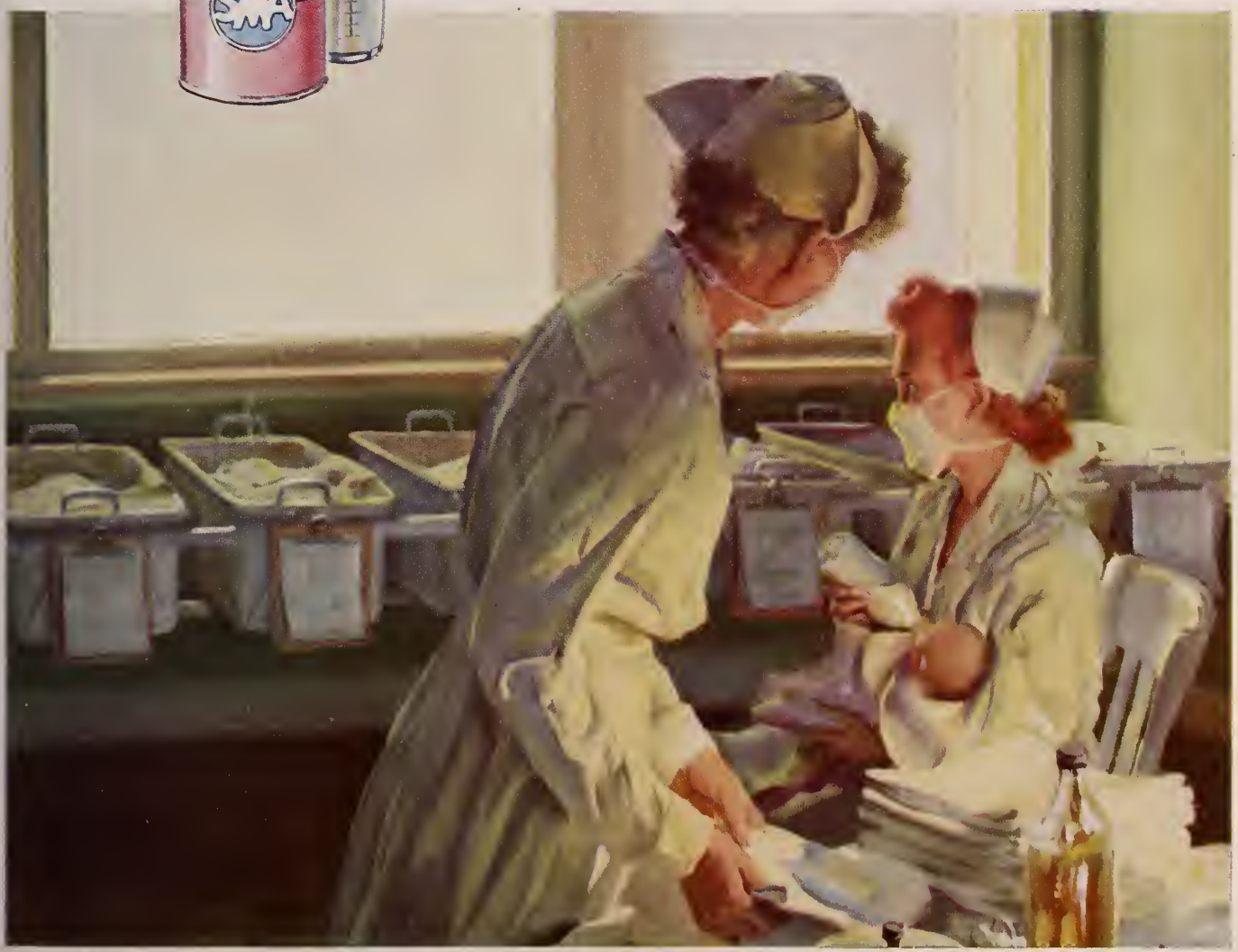
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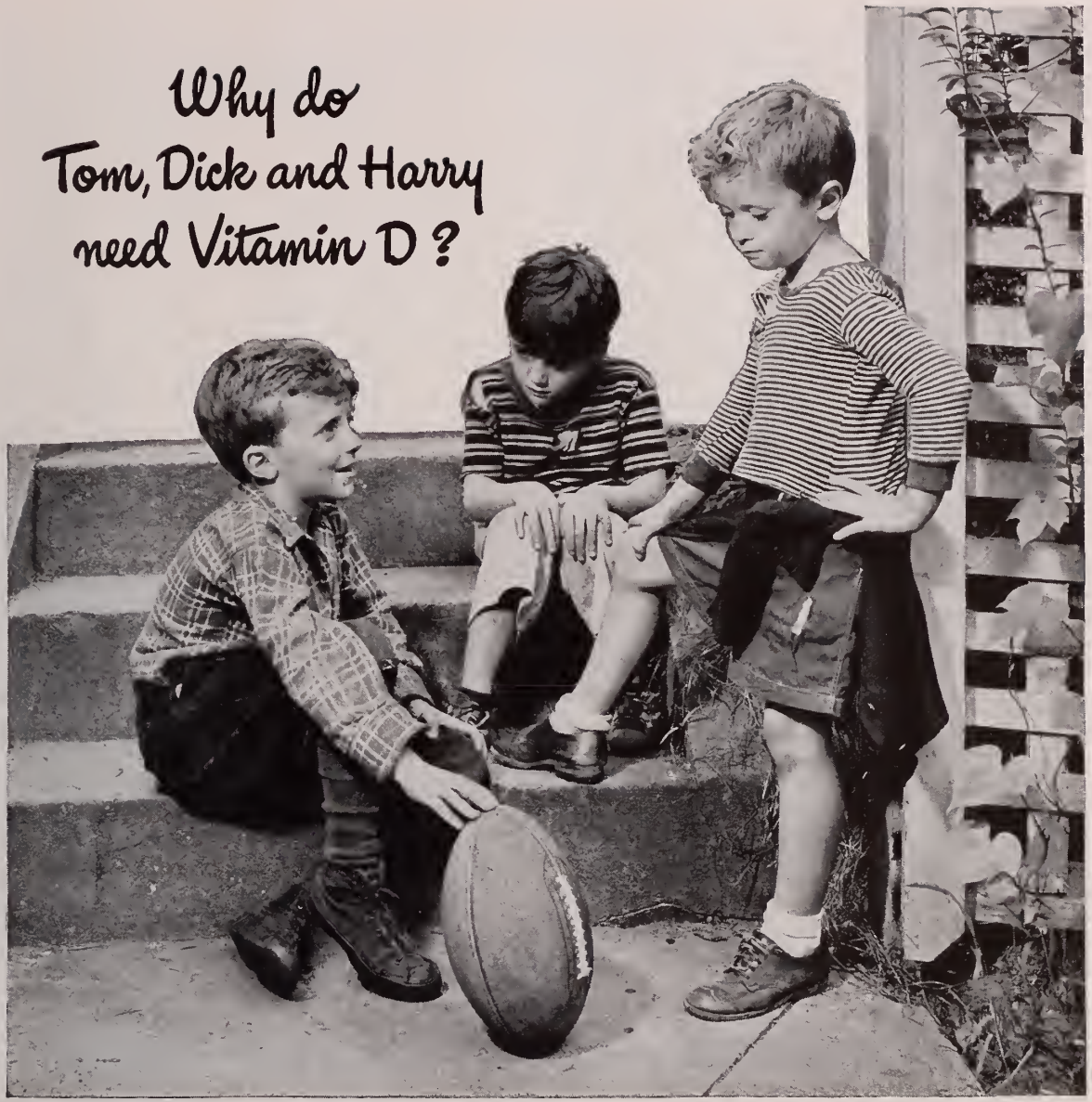
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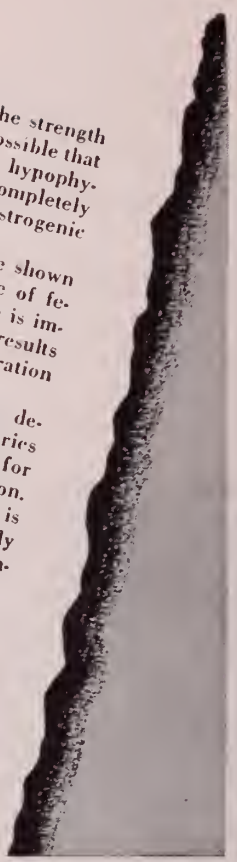
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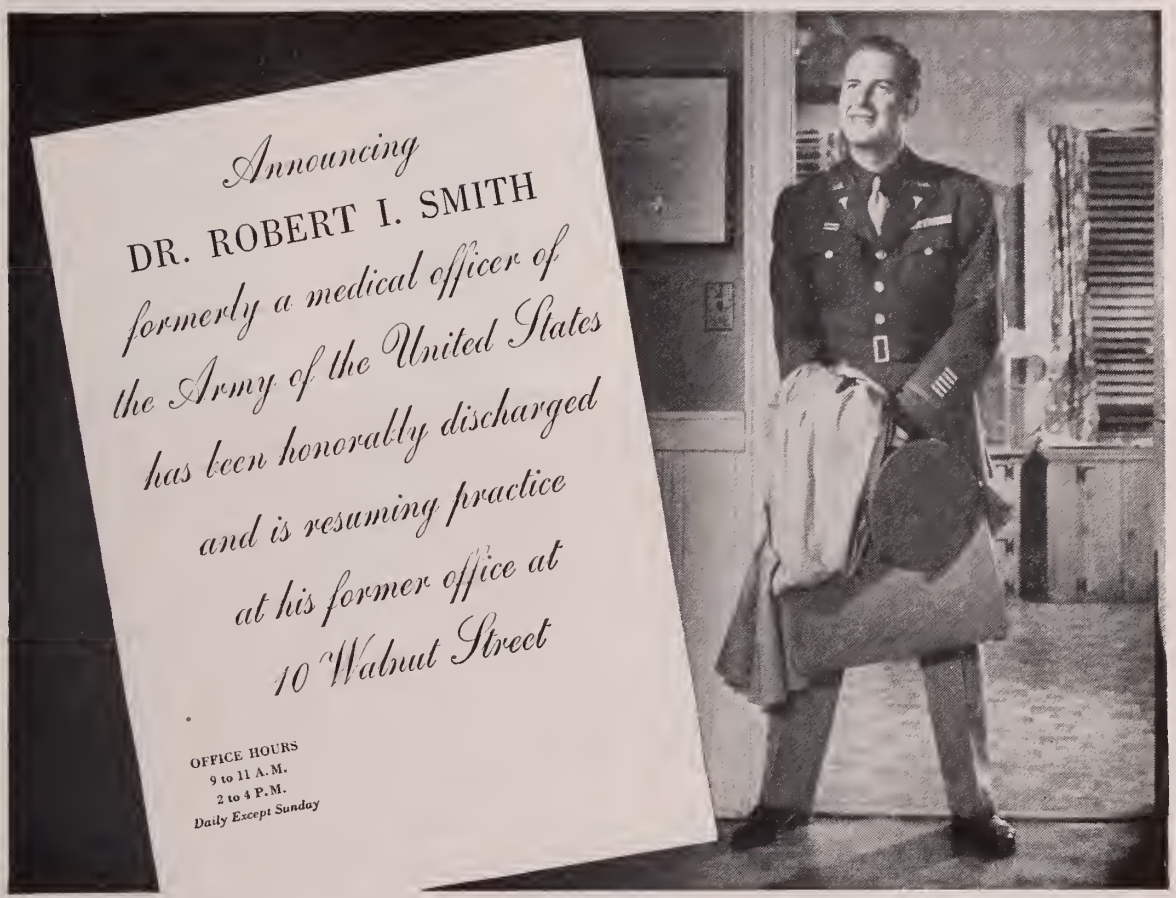
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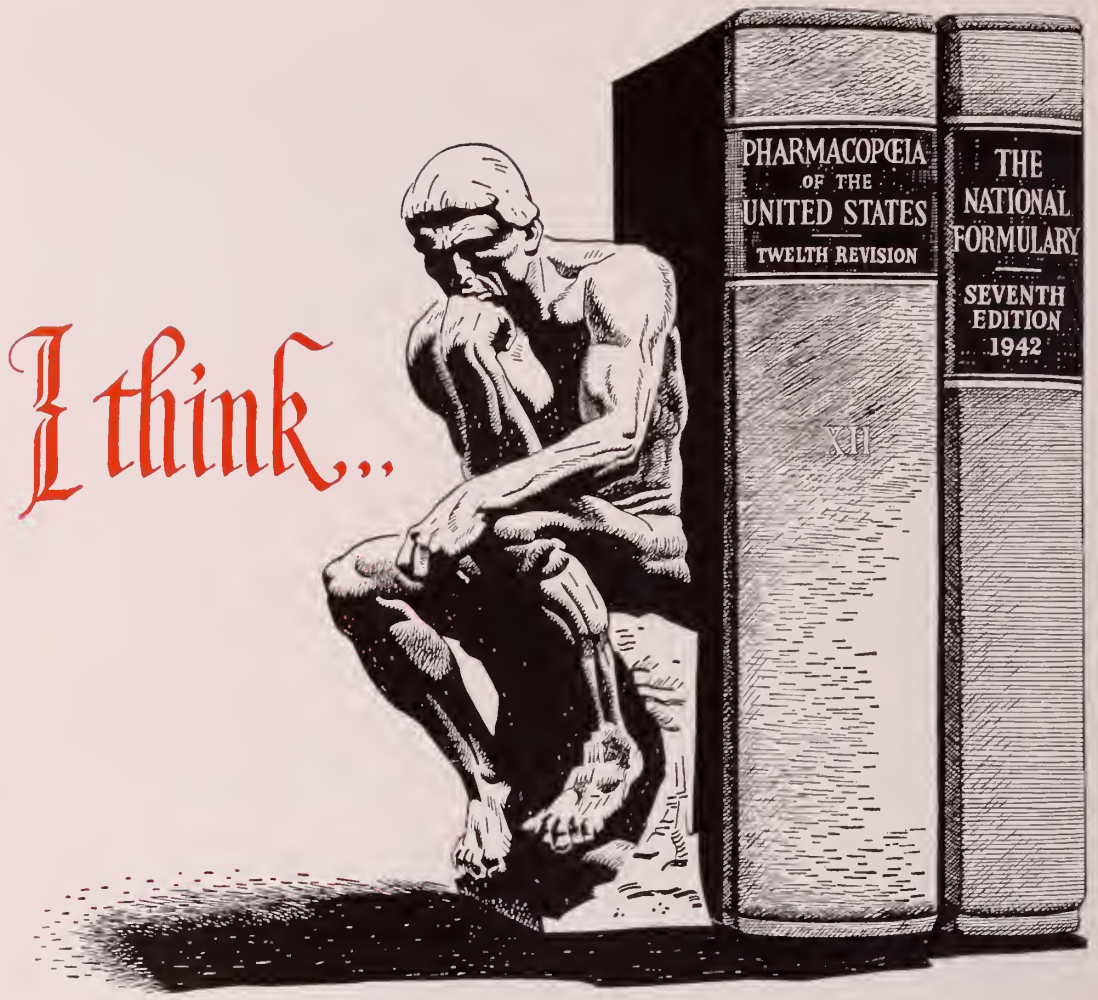
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STUDIES ON THE READMINISTRATION OF SULFATHIAZOLE

ROBERT H. NICKAU, M. D.
JACKSONVILLE

The sulfonamides are of such great value in the treatment of many of the infectious diseases that their use has become widespread. Many toxic reactions have been described in the literature, and many fatalities have been reported.[1] Attempts have been made to differentiate the reactions of sulfathiazole (and sulfanomides) into (1) drug toxicity, which is of a mechanical or chemical nature, and (2) hypersensitivity, a true allergic phenomenon. The second factor has received more attention lately, and it is the opinion of many that previous dosage of the drug, either with or without a reaction, tends to produce sensitization to the sulfonamide used.[2, 3, 4, 5, 6] Under controlled conditions my associates and I have administered 228 courses of sulfathiazole to 67 patients in the Duval County Hospital, Jacksonville, in order to observe the total effect of the incidence of drug toxicity and sensitization reactions.

Patients with random diseases but without evidence of disease of the liver, kidney, stomach or blood were hospitalized and kept under observation. A complete history of each patient was taken, and particular attention was given to previous sulfonamide administration. A careful physical examination was also made in each instance. The laboratory procedures included the Kahn test, urinalysis, a complete blood count, a nonprotein nitrogen estimation, an icterus index, a urine concentration test and a phenolphsulfonthalein test. Patch tests and intradermal skin tests were also made during the first part of this work, but in agreement with results of such tests described in other reports, these tests failed to demonstrate sensitivity. Leftwich[7] recently devised an intradermal test using the serums of patients already receiving the drug in question, in which he reported 90 per cent positive reactions in definitely hypersensitive patients. Each of our patients was then given intermittent courses of sulfathiazole up to five courses. If a patient had previously received sulfathiazole, this was noted and counted as the first (or first and second) course, but was not included in our series. One who had had sulfathiazole on two previous occasions would, therefore, be given only three courses of the drug instead of five, and he would be listed under courses three, four and five. Records of these previous courses were carefully reviewed for any sign of toxicity.

Each experimental course under observation consisted of an initial dose of 2 Gm. and then 1 Gm. of sulfathiazole every six hours for six days. The total dosage in each course was 25 Gm. Adjuvant alkali therapy was not given to the patients as a prophylactic measure against renal complications. During the time of administration, estimation of the sulfathiazole level in the blood was made, and the blood pressure was taken on the third and sixth days; a hemoglobin determination, a white blood cell count and urinalysis were done on the second, fourth and sixth days. The patients were also observed clinically every day for any sign or symptom of toxicity. The usual interval between courses was six days.

The results of our experiments are summarized in tables 1 and 2. Table 1 consists of the overall results of the administration in each course, with the percentage of toxicity ranging progressively from 22.5 per cent in the first to 60.5 per cent in the fifth course. Table 2 lists only the courses preceded by no toxic reactions. Here are noted the following variations in percentage of reactions: 22.5, 13, 26.4, 19 and 21.4 per cent.

TABLE 1.—RESULTS OF ADMINISTRATION IN EACH COURSE.

Courses	Cases	Reaction	Percentage
I	40	Severe— 3 (7.5%) Mild — 6 (15%)	22.5%
II	58	Severe— 9 (15.5%) Mild — 7 (12.1%)	27.6%
III	49	Severe—12 (24.5%) Mild —11 (22.4%)	46.9%
IV	43	Severe— 8 (18.6%) Mild —13 (30.2%)	48.8%
V	38	Severe— 8 (21%) Mild —15 (39.5%)	60.5%

NOTE.—With the help of Dr. Webster Merritt, the work was done by the author in the department of medicine at the Duval County Hospital, prior to his entering military service.

The sulfathiazole used in the experimental work was donated by Lederle Laboratories.

TABLE 2.—COURSES PRECEDED BY TOXIC REACTIONS

Courses	Cases	Reaction	Percentage
I	40	Severe— 3 (7.5%) Mild — 6 (15%)	22.5%
II	46	Severe— 3 (6.5%) Mild — 3 (6.5%)	13%
III	34	Severe— 5 (14.7%) Mild — 4 (11.7%)	26.4%
IV	21	Severe— 0 (0%) Mild — 4 (19%)	19.0%
V	14	Severe— 1 (7.1%) Mild — 2 (14.3%)	21.4%

These figures are all within close range of the 22.5 per cent standard of our first course and the 18.6 per cent reported by Long.[8] These sets of figures, therefore, show that a patient who has never experienced a toxic reaction from sulfathiazole has no more tendency to develop toxicity, even though he has taken the drug three or four times, than a patient who has never had sulfathiazole administered previously. This conclusion does not agree with the opinion that the administration of sulfathiazole produces hypersensitization in man. Lyons and Balberor[3] reported 19 of 53 patients, or 36 per cent, experiencing febrile reactions on readministration of sulfathiazole when no fever attributable to the drug was noted during the first course. This is a high percentage of reactions when compared with the percentages given in other reports. Dowling and Lepper[6] observed that in 8.1 per cent of their cases fever caused by the drug developed during administration of the first course while in 16.7 per cent a febrile reaction occurred in the second course when no fever was present during the first administration. Nelson, however, in a personal communication to Leftwich,[7] stated that he found the incidence of a febrile or cutaneous toxic reaction to be approximately the same in the first course and in the second administration in those patients who showed no reaction with the first course of therapy. Talbot and Adcock,[9] and Finland, Peterson and Goodwin,[10] working with sulfadiazine, obtained the same results in a smaller series of cases.

Conversely, it was noted that once a toxic reaction occurred in a person, there were almost constantly toxic symptoms on readministration. The symptoms do not necessarily have to be the same from one course to the next. This is best illustrated in one of our cases in which the reactions for the five courses were (1) no toxicity, (2) chills, fever and severe myalgia in the thighs and legs, (3) fever, nausea and a maculopapular rash on forearms, (4) acute arthritis of the second joint of the third finger of the right hand and (5) malaise and myalgia of the thighs. A positive Kahn reaction or a past history of syphilis appeared to have no influence on the incidence of reactions. Sulfathiazole crystals were noted frequently in the urine, and we could not correlate their presence with toxicity. The variation in the blood pressure during administration showed no deviation other than that which might be expected from the bed rest.

The incidence of reactions listed in table 3 shows that malaise, vomiting, nausea, fever and headaches were the commonest toxic manifestations encountered in the series of 67 cases, in which the patients received 228 courses of the drug. Keefer[11] reported nausea and vomiting to be the most prominent toxic reactions. No evidence of hepatic damage, anuria, or splenomegaly was noted. In none of the patients were changes in the red blood cells recognized; on the other hand, several patients had moderate to pronounced secondary anemia without any further deleterious effects on the total red blood cell count. Platelet counts were not done. The criterion for leukopenia was a total leukocyte count below 4,000 with a relative depletion of the granulocyte percentage. Definite skin rashes were encountered only seven times, representing a low percentage compared to those given in other reports.[12] In 3 cases the rash was of the maculopapular type and in 3 of the erythema nodosum variety; in 1 case palmar erythema was present. There would occasionally be noted in the urinalysis transient traces of albumen, red cells and casts, but these findings were not included in the figures unless they persisted in all three specimens of the course.

TABLE 3.—INCIDENCE AND NATURE OF REACTIONS

	Number of Cases
Malaise	35
Vomiting	30
Nausea (with vomiting)	28
Fever	23
Headache	21
Conjunctivitis and/or optic pain	15
Anorexia	12
Generalized aching	11
Microscopic hematuria	10
Albuminuria	8
Leukopenia	8
Rash	7
Abdominal pain	6
Casts in urine	6
Chills	6
Nervousness	5
Weakness	5
Drowsiness	4
Dizziness	3
Photophobia (with conjunctivitis)	3
Generalized pruritis	2
Chest pain	1
Gross hematuria	1
Acute arthritis	1
Paresthesia	1

TABLE 4.—DETERMINATIONS OF SULFATHIAZOLE IN THE BLOOD

	No Reaction		Total		Reactions	
	3rd	6th	3rd	6th	3rd	6th
Sulfathiazole levels in the blood (including three elevated courses)	3.5	3.4	4.0	4.1	5.1	5.3
Sulfathiazole levels in the blood (excluding three elevated courses)	3.5	3.4	3.8	3.9	4.4	4.7

Sulfathiazole levels in the blood were obtained on the third and sixth day of each course (table 4) and, except for three instances of high elevation, they did not show a great variation between the courses with and without toxic reactions. In these three instances the abnormal elevation was quoted on the third and sixth days as (1) 10.5 mg. and 19 mg. per hundred cubic centimeters, (2) 14 mg. and 24 mg., and (3) 36 mg. and 8 mg. During all of these courses there were signs of toxicity.

These figures indicate that no definite prediction of toxicity may be made according to the blood level unless it is abnormally high, at which time reactions occur frequently.

SUMMARY

A series of cases is reported in which 67 patients received a total of 228 courses of sulfathiazole, and the toxic effects of the drug on readministration were observed.

A patient who has received sulfathiazole previously without a toxic manifestation has no greater tendency to have a reaction on readministration of the drug than a person who has never received sulfathiazole.

If a patient experiences toxicity with sulfathiazole, readministration practically always produces reactions.

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A HISTORY OF MEDICINE IN DUVAL COUNTY

Part VII

WEBSTER MERRITT, M. D.
JACKSONVILLE

Jacksonville's rapid growth, which began soon after the war, continued during the early eighteen-seventies. The "Old Citizen,"* writing in the Tri-Weekly Sun, estimated that in 1875 there were 12,000 people** in the town,[183] whereas the census of 1870 had shown less than 7,000.[184]

In November, 1874, a few citizens formed an association titled "The Jacksonville Water Works." An editorial in a local paper stated that these citizens were about to confer an inestimable boon upon the public at large, for it was planned to have pipes running through the streets of the city, there was to be better protection from fire, there were to be fountains in public places, and it even was planned that hotels would have faucets in every room.[185] The editorial might have added that the waterworks would serve not only the people's convenience to advantage, but their health as well.***

Sanitation in Jacksonville, reported to be good in the fall of 1874,[186] deteriorated in 1875 and

*The "Old Citizen," whose identity has never become known, wrote of Jacksonville's history between the years 1850 and 1875. This history was published in the Tri-Weekly Sun in five installments, each of which covered a five year period.

**This figure probably is somewhat too high. In 1880 the population had fallen to less than 8,000 due to the departure of "temporary residents."[184]

***This was the beginning of the well known Jacksonville Water Works. Later, in March, 1876, a "Citizen's Meeting" was held to discuss the "water supply" of Jacksonville. Dr. Baldwin was appointed president of the meeting, Dr. W. M. Bostwick, a dentist, secretary, and a commission of seven taxpayers was appointed to pursue the matter further. This commission, composed of Dr. A. S. Baldwin, Mr. N. K. Sawyer, Mr. John Clark, Dr. C. J. Kenworthy, Mr. C. Oak, Mr. J. J. Daniel and Mr. S. B. Hubbard, declared that it was "absolutely necessary to furnish the city with an abundant supply of pure water."[187] For subsequent history of the water works see History of Jacksonville, Florida, and Vicinity by Mr. T. Frederick Davis.[184]

1876. Indeed, the year 1876, from the standpoint of the people's health, was one of foreboding and seemed to point to the misfortune which was to overtake the city in 1877.

It will be remembered that the old market, at the foot of Ocean Street, had become a menace to the public health in 1852 and was removed. The building which replaced it burned in 1854 and in turn was replaced by another building at the foot of Newnan Street. After the war a small two story brick building was built over the water at the foot of Ocean Street, and the market was moved back to that site. Through a hole in the floor of this building the butchers discarded scraps of meat and debris into the water below. Due to insufficient current or tide the refuse remained about where it fell and disintegrated.[187] The unsanitary condition of the market and the unpleasant odor associated therewith became notorious. The butchers frequently were ill. On one occasion a contagion of alarming severity developed, whose origin, it was thought, could be traced to the market.[188] Thenceforth this contagion was known as "the market fever." Conditions finally became so bad that this market likewise was condemned and ordered torn down. In February, 1876, the "Old Citizen" wrote:

> What reminiscences linger around the old market building and how many spirits of gaunt grunters—lean, lank, long-haired and wedge-shaped bodies—are now hovering around that crumbling public edifice as it goes down under the stalwart arms of day laborers? And the dying echoes of a Saturday night's closing scene, when the "odds and ends" of the week were sold to the anxious and eager citizens of Hansontown and La Villa for a song . . . —still linger in the memory and make the scene redolent of perfume . . . Goodbye, old building, with all thy good and bad reminiscences. When beckoning ghosts along the moonlight shade invite our steps, the old citizen as he passes the vacant lot will muse.[189]

On April 29, 1876, the Mayor issued a proclamation establishing a guarantine for Jacksonville near the mouth of the Saint Johns River,[190] and in May an ordinance was issued defining the duties of the Board of Health and giving it more authority.[191] The members of the Board of Health at this time were Mayor L. McConihe, Mr. J. H. Burton, Dr. A. W. Knight and Dr. C. J. Kenworthy. Dr. N. J. Fogarty was sanitary Inspector.

In mid-June the following letter, addressed to the editor, appeared in the Tri-Weekly Sun:

> What particular sanitary duties are assigned the corps of long-nosed hogs which now roam our streets? What have the mules and cows which infest the western part of the city to do with the fire department? How much salary do they get for ringing their bells at night? Is there a city compost pile being erected just north of Hogan's Bridge on Pine Street for the manufacture of guano? We see a dead dog added to the noxious pile of refuse clothing from the city Hospital. By what authority does the city of Jacksonville presume to haul its dead horses and filth into the growing and prosperous suburb of Springfield? We want to know and intend to find out, if the thing continues.
>
> Citizens.[192]

Shortly after this, three and one-half columns appeared on the front page of a local paper pleading with the citizens to be more cleanly and warning them that an epidemic might occur which would greatly cripple Jacksonville and hurt its future as a health resort. The article was concluded as follows:

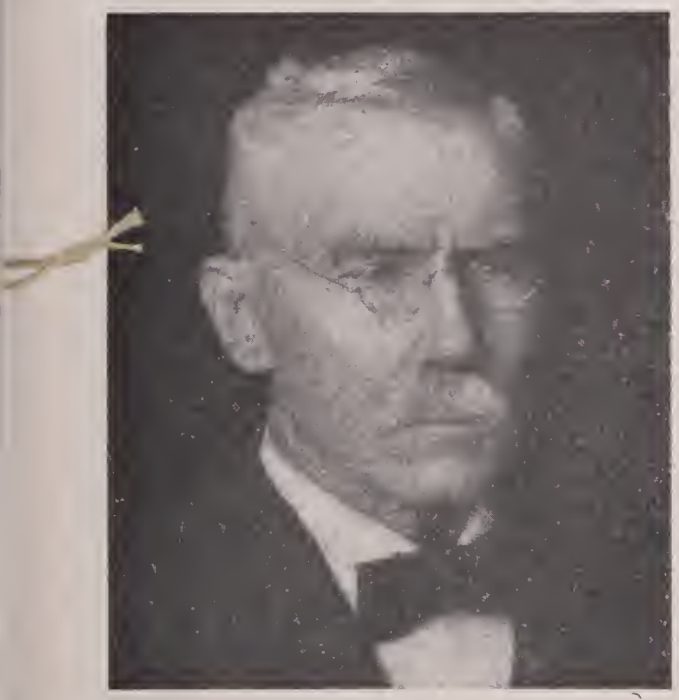
> Several months since, a scientific medical gentleman who occupied a prominent position for many years in the New York Board of Health, stated that the sanitary condition of Jacksonville was worse than that of any city that he had visited in the United States, England or the continent and that unless active measures were adopted and the city properly cleansed that an epidemic disease of a severe and fatal type would undoubtedly visit the city . . . Jacksonville is favorably located and naturally one of the healthiest places in the United States . . .
>
> Luther McConihe
> C. J. Kenworthy, M. D.
> A. W. Knight, M. D.
> J. H. Burton
> B. H. Webster[193]

Jacksonville came through the summer and fall danger period without serious mishap, but the following year was to be less fortunate. Before we discuss the health problems of 1877, however, and begin the study of the yellow fever epidemic during that year, perhaps we should do well to become better acquainted with some of Jacksonville's leading physicians.

The City Directory for 1876 lists thirty physicians* living in Jacksonville,[194] many of whom, apparently, were homeopaths and eclectics. Of these thirty, Drs. Baldwin, Daniel, Mitchell and Sabal are familiar to the reader. Drs. J. D. Fernandez, C. H. Huau, A. W. Knight, M. J. Murphy and A. J. Wakefield will play roles in the history at a later date. Drs. John C. L'Engle and H. Robinson, while physicians, did not practice medicine, but were prominent druggists and well known business men of the city. It will be remembered that Dr. Robinson became prominently identified with The Duval County Hospital and Asylum about 1885. Drs. Columbus Drew and C. J. Kenworthy, mentioned prominently in Part VI, and Dr. F. P. Wellford, whose tragic death was to occur in the yellow fever epidemic of Fernandina in 1877, will figure prominently during this period. Their lives will be studied now.

*An increase of eleven since 1870.

Dr. Columbus Drew [196, 197, 198, 199, 200, 201, 202, 203, 204] had been born in Richmond, Virginia, on December 3, 1846, the eldest son of Mr. Columbus Drew, who had brought his family to Jacksonville in 1848 and had established The Republican Newspaper.* The family home was built on Monroe Street at the corner of Laura.



Dr. Columbus Drew. 1846-1922.

When only fourteen years of age, Columbus joined the Confederate forces and served as a drummer boy. He must have been stationed in Florida for it is said that on his return to Jacksonville he swam the Saint Johns River from the south side in order to reach his home.

In 1865, Columbus began the study of medicine at the College of Physicians and Surgeons in Baltimore and was graduated there four years later. Dr. Drew returned to Jacksonville in 1870, entered upon the practice of medicine and made his permanent home there. In 1874 he married Miss Maria T. Carr of Saint Augustine.

Dr. Drew became a charter member of The Florida Medical Association in 1874, and in 1876 was appointed city physician for Jacksonville. In 1877 he became "physician" at The Duval County Hospital and Asylum and soon thereafter "Physician in Charge," a position which he held for many years. In 1879, he completed a course of postgraduate study at the University of New York.

*See Installment II.

In 1881, Dr. Drew began a systematic study of the endemic diseases peculiar to East Florida. He had blank forms printed which would fit into his notebook and he recorded at the bedside of each patient the date of attendance, sex, age, race, disease, residence, time of residence in the state and result of the illness. His chief object was to determine what per cent of the febrile illnesses was due to malaria and what per cent to "phthisis," and also what per cent of residents and nonresidents were affected by each disease. An attempt was made to correlate his observations with the weather thermometer, the barometric readings and the direction of the wind during each month of the year. Dr. Drew studied 493 cases of fever during 1881 and 418 in 1882. At the meetings of the state Association in 1883 and 1884, he reported the results of his studies by means of statistical summaries and conclusions. At the close of one of his presentations he stated: "A majority of the cases recorded were within the limits of the city of Jacksonville. . . . During the last two years the marshy borders of the creeks have been partially reclaimed which I believe has made a considerable reduction in the amount of malarial disease prevalent in the suburbs."*

Dr. Drew was elected president of The Duval County Medical Society in 1889. It was apparent to all who knew him that he was a versatile man. He was able to practice surgery competently as well as medicine, and it is he who holds the distinction of being Florida's first eye, ear, nose and throat specialist. There was no man of finer integrity in the city and as the years passed, Dr. Drew became known and loved by all of Jacksonville's citizens, colored as well as white. A portion of his philosophy was summed up in a bit of advice to his young nephew, Dr. Horace Drew, who was just beginning the practice of medicine after the turn of the century: "If you do your work and do it well, collections need not concern you."

In 1912 Dr. Drew retired. Ten years later on December 13, 1922, he died at the age of seventy-six, the last surviving charter member of The Florida Medical Association.

Dr. Charles J. Kenworthy [198, 200, 205, 206, 207, 208] was born in Philadelphia, Pennsylvania, in 1824. He studied medicine under Drs. Gerhard and

*Dr. Drew believed, as did other leading physicians of the day, what winds wafted the "germs of malarial disease" from marshy regions into the habitations of man.

Goddard of Philadelphia and in 1846 was graduated from the "Pennsylvania Medical College." In 1849 he was appointed assistant physician to the Centre Street Cholera Hospital in New York City, where he served during an epidemic of cholera. Later that year he was made house surgeon at the Charity Hospital on Blackwell's Island and the following year was made house physician at Bellevue Hospital.

Because of poor health Dr. Kenworthy left New York for Australia in 1853, settled in the colony of Victoria and remained there nine years. He held the position of senior surgeon in the Ballarat Hospital and physician of the Ballarat Almshouse. Returning to the United States about 1865, he made his home in Beverly, New Jersey.

Dr. Kenworthy was interested in exploration and travel. After exploring the southwestern portion of Florida, he reported his travels before the meeting of The Florida Medical Association in 1875 and was elected an honorary member of the Association. Later that year, because of his wife's poor health, he moved to Jacksonville.

The work of reconstruction of The Duval County Hospital and Asylum largely was carried out by Dr. Kenworthy. In 1877 he had full charge of that institution.

Having become quite active as an honorary member of The Florida Medical Association, Dr. Kenworthy was elected a regular member in 1877. He delivered before the Association in 1880 an eighty page address on the climate of Florida, which later was published in pamphlet form. That same year he was elected president of the Association and about that time also was elected president of The Duval County Medical Society.

Dr. Kenworthy built a beautiful home on the corner of Market and Duval Streets, where he lived until 1889 or somewhat later. Following this period, all trace of him has been lost.

Dr. Francis Preston Wellford [195, 209, 210, 211, 212] was born in Fredericksburg, Virginia, on September 12, 1829. Wellford was an old and well known name in Virginia. As a youth Francis was said to have had a "delicate constitution." He received his Bachelor of Arts and Master of Arts degrees from Princeton University and in 1852 was graduated from the University of Pennsylvania School of Medicine.

Dr. Wellford served as surgeon with the army of the Confederacy in a territory which extended from the Potomac River into the state of Georgia. Following the war he found his fortune dissipated, his family scattered and his health broken. In the fall of 1870 he came to Jacksonville and thenceforth made his home there.

Dr. Wellford, in 1874, was one of the founders* of The Florida Medical Association and he was elected its first secretary, an office which he held for two years. In 1877 he was elected president of the Association.

We shall discuss now the meeting of the Association in 1877 and develop Dr. Wellford's life story more slowly.

The fourth session of The Florida Medical Association met in Jacksonville on April 18, 1877.** Dr. T. M. Palmer of Monticello, President, called the meeting to order and referred briefly to matters of medical interest throughout the state. He spoke of the great need for a State Board of Health and expressed the hope that the state government would soon authorize its establishment.

In the absence of Dr. John P. Wall of Tampa, chairman of the committee on the State Board of Health, Dr. R. D. Murray of Key West reported that in 1876 he had been delegated by the committee to visit the legislature in the interest of the bill, but owing to a railroad accident had arrived too late to introduce new business. Dr. Murray reported that strenuous efforts had been made at the 1876 session of the legislature to pass the bill; that Senator H. T. Lykes from Hernando and Hillsborough counties had become interested in its behalf; that the bill had been presented in the senate, had passed to the third reading and then had been postponed indefinitely by a vote of twelve to eleven. Dr. Murray stated that the ostensible reason for the bill's postponement was the request for an appropriation of $1,500, but he attributed the real reason to the legislators' ignorance of the value and purpose of a Board of Health. Dr. Murray read several letters from Senator Lykes which expressed his regrets that the bill had been defeated and his hopes that it would be presented again at the next session. A discussion followed as to whether it would be wise for the members of the proposed board to serve without pay until the public should recognize the need for a State Board of Health. On motion of Dr. Kenworthy

*Other members of the Duval County Medical Society who helped found The Florida Medical Association were: Drs. Baldwin and Daniel.

**The third session met in Tallahassee on January 18, 1876.

the committee was continued with instructions to present the subject again to the legislators at the next meeting.

The chairman of the committee on "Fee Bill" made the following report: " . . . any attempt to establish a uniform rate of charges for medical or surgical services in a state like Florida, embracing so large an area of territory, and such a . . . diversity of circumstances . . . would be both impracticable and unjust.

R. P. Daniel
G. W. Betton
C. A. Hentz"

By request the committee was discharged.

The Duval County Medical Society submitted through its secretary, Dr. Fernandez, a report of its proceedings and progress during the preceding year.

The president's annual address on the "Medical History of Florida" was delivered on the evening of the first day. Dr. Palmer had come to Florida in 1829 and had observed the state in its early developmental period. The historical facts therein are of a general rather than a specific nature, but there is considerable material in the history which the reader of today will find interesting.

Dr. Wall's oration, "Modern Medicine," was read by Dr. Murray. After developing the historical background of medicine, Dr. Wall stated in his paper:

> The time is surely coming when preventive medicine shall have reached such a degree of perfection that the occurrence of epidemic disease will be felt as a gross reproach to the community which it assails . . . it is very evident that it is our duty to do all we possibly can to advance sanitary science and impress its importance on the public mind . . . We have occupied the undignified position too long of merely subsisting on the misfortunes of our fellow-men. It is time for us to rise to a higher plane as philanthropists in our efforts to improve the health of the people by removing the causes of diseases. Thus only can we fulfill the highest functions of our calling.

Dr. Baldwin presented an account of the epidemic of 1857 in Jacksonville and stated that, while the fever closely resembled yellow fever, he doubted if it had been truly that disease. On the second day of the meeting Dr. Baldwin presented a paper on "Artificial Disinfection." He wondered if the "new" methods of producing artificial ice might be used in killing germs and combating disease. Following this paper a committee was appointed to study disinfectants and disinfection.

The report of the committee on nominations was adopted, and the officers elected were: President, Dr. F. P. Wellford of Jacksonville; First Vice President, Dr. John P. Wall of Tampa; Second Vice President, Dr. J. M. Perry of Waldo; Secretary, Dr. Joseph Y. Porter of Key West and Treasurer, Dr. A. L. Randolph of Tallahassee.

Dr. Kenworthy offered the following motion, which carried:

> That the committee on vital statistics be requested to continue their efforts to secure the passage of a bill establishing a State Board of Health.

Dr. A. L. Randolph submitted the following resolution, which was approved:

> Resolved, that this Association earnestly request his excellency, Governor Drew, that should he decide to call an extra session of the Legislature, he will, in his message to that body, call their attention to the subject of a State Board of Health, and ask them to give it their most careful consideration.

The Association adjourned to meet in Jacksonville on the third Tuesday in April, 1878.[213]

In 1877, poor sanitation in the city again became the concern of the health authorities and many of Jacksonville's citizens. Before a meeting of the Jacksonville Board of Health on January 24, Dr. A. W. Knight, City Physician, made the following prophetic report:

> . . . Our sewerage system is very imperfect and inadequate. The water closets in a majority of cases are in a deplorable condition. The rear of all the buildings on the river side of Bay Street need immediate attention. The whole line of Hogan's Creek is fast becoming a hot bed of disease. Our City Market is getting into a condition to give us trouble as soon as the warm weather sets in. The use of the backyards of some of the stores as a camping ground for the farmers as they come in for trade, is very objectionable. The mud flat near the railroad depot is in the same condition as last year.
>
> Sufficient care has not been taken to have all dead animals carried far enough outside the city limits. Too much garbage has been deposited within the city limits. Our supply of good . . . drinking water is still deficient.
>
> These evils are accumulating daily and unless great care is taken to put our whole city in a better sanitary condition before summer sets in . . . we may look for a repetition here of the terrible scourge which devastated our sister cities [Savannah and Brunswick] in 1876.[214]

On July 19, someone who signed himself O. Mire wrote to a local paper pointing out:

> That there are too many foul smelling pots in Jacksonville and its surroundings; that there are too many rank weeds growing in the streets; too many watermelon rinds and other garbage festering in the sun—breeding foul miasma. Hogs, cows, geese and other animals perambulate our streets with freedom and this at a time when we should be alert to prevent the introduction of death-dealing pestilence . . . It is a fact that no one will dispute, that there are more cases of fever in our place than have been known for years and it behooves us to take every precaution to preserve the healthfulness of our city . . . Will not our Board of Health arouse itself and act as the health of our city demands?[215]

The Jacksonville Board of Health already had aroused itself, but health rules and health laws, many times violated, often could not be enforced. A new Board of Health had been organized on April 23 and had met repeatedly.[216] At a meeting of the Board on the night of July 4, Dr. Baldwin, Dr. Sabal and Dr. Bostwick had been appointed to confer with the city attorney and "Judge Baker" to ascertain the full legal powers of the Board and to determine whether the president had power to impose fines for violations of the laws laid down by the Board.[217] In mid-August an ordinance relating to the public health was published in a local paper. Twenty-five rules for the prevention of disease were listed, and it was stated that the rules would be enforced strictly.[218]

Dr. Daniel suspected early in the summer that there was more than the usual amount of malaria in east Florida, and as summer advanced, reliable reports came in from many sections along the Saint Johns River which confirmed his suspicions.[219] There was yet, however, no serious illness in Jacksonville although there were rumors and whispers to the contrary.

On August 7, Dr. Baldwin, chairman of the health committee of the Jacksonville Board of Health, wrote to Dr. Daniel, president of The Duval County Medical Society:

> Dear Sir:
> There has appeared in one of our city papers a statement that the health of our city was unusually bad during the month of July just past. Such reports are calculated to injure our place, if they should have truth for their foundation, and if not true should be promptly corrected. The recorded statistics show quite a small mortality, to wit: ten deaths in all, and of these only six were reported as being residents of the city.
> Our population is estimated to be at least 10,000; the death rate for July therefore, is only one death in 1,000 of our population . . . and would speak volumes in favor of the healthfulness of our city. Have you or the other members of the medical society . . . knowledge of any such unhealthfulness as has been anonymously reported?[220]

Dr. Daniel replied:

> . . . I am authorized by all the members of our society with whom I have been able to meet . . . to state . . . that the amount of sickness during the month referred to was small . . . the very low death rate as reported by yourself, will sufficiently prove the absence of any specially grave type of fever . . . [220]

Fernandina, however, was beginning to have serious difficulty at this time, and for her the season was to be disastrous. Early in August there were frequent rumors of an unusual amount of fever of a very grave type there, but the reports were promptly denied.[221]

In late August Dr. A. W. Knight, City Health Officer, was sent to Fernandina to make an investigation. On August 31, he wrote to Mr. T. A. Wilson, Mayor pro tempore of Jacksonville, and Mr. T. S. Eells, President of the Jacksonville Board of Health:

> Gentlemen: In compliance with your orders I visited . . . Fernandina, arriving there on the night of the 29th inst.
> I immediately conferred with the mayor of the city and health officer, Dr. Pope.
> On Thursday, 30th with Dr. Pope I visited all of his patients and in company of Dr. Pope and Dr. Palmer [J. Denham Palmer] assisted in making a post mortem examination of a little boy who died the day before. We then examined every portion of the city.
> There were three deaths previous to my arrival . . . The cases on hand were evidently bilious, remittent fever as decided by the concurrent opinion of Drs. Pope, Palmer and myself . . .
> On the western side of the city west of Centre Street is a swampy place with ditches all obstructed and in a fearful condition. The present sickness is confined to that locality.
> There is abundant cause there of fever of a very malignant type and about 25 persons are sick . . . some with grave symptoms.
> Now in view of the above facts, I would ask the Board of Health to carefully consider all measures necessary to be taken of a precautionary character to prevent any contagious disease from being imported into our city.[222]

The Jacksonville Board of Health met immediately and quarantined against Fernandina on September 1,[222] whereupon much excitement ensued. The people of Fernandina were indignant because the quarantine interfered with business activity; they protested, and a controversy ensued.[223]

On September 4, a letter from Dr. Palmer to Dr. E. T. Sabal appeared in a local paper strongly denying that there was yellow fever in Fernandina and inviting Dr. Sabal, Dr. Wellford and Dr. Daniel to inspect the city. Dr. Kenworthy recently had made a visit to Fernandina and had reported that there was no yellow fever there.[224]

The controversy became bitter. Editorials appeared,[223, 225] one of which, addressed to the public in the form of a letter, explained the reason for the quarantine and stated that after the next meeting of the Jacksonville Board of Health, Dr. Knight probably would be sent to make another inspection of Fernandina. This second trip was not necessary.

On September 7, at 7:30 p.m., the Fernandina Health Officer, Dr. Pope, and Mayor Riddell officially notified Mr. Thomas Eells, President of the Jacksonville Board of Health, that yellow fever was prevailing in Fernandina.[226] Following this notification the Board of Health received due appreciation. An editorial in a local paper stated that the Board's action had been all that could have been desired and that the people

would thenceforth support it cordially in all of its proceedings.[227]

At a special meeting of the Board of Health at noon on September 8, quarantine officers were stationed at Callahan, Kings Road and White House with instructions to stop all travelers from Fernandina for Jacksonville. Likewise, officers were stationed on the Nassau River at Turner's Ferry, Broward's Ferry, Yellow Bluff and Holmes' Mill, and quarantine also was ordered at the "Haul Over." One sanitary inspector was appointed for each ward of the city and was ordered to report to the Health Officer at noon and 8 p. m. daily.[227]

On September 10, Mayor Wilson issued the following proclamation:

> Whereas I have official information that yellow fever prevails to an alarming extent in the city of Fernandina; and whereas the Board of Health of the city of Jacksonville have established a quarantine . . . Therefore any person or persons coming from Fernandina who shall evade the quarantine officers and shall come . . . into Jacksonville without a certificate from the quarantine officer stating that they have remained in quarantine the time required by the Board of Health, will be punished by a fine not exceeding fifty dollars, or imprisonment for not more than sixty days.[228]

One week later, at another meeting of the local board of health, a "picket guard" was organized, twenty by day and forty by night, and a "picket boat" was established at Commodore's Point.[229]

In mid-September the epidemic in Fernandina was assuming such proportions that the local health officers, physicians and relief organizations there could not cope with their problems. It became necessary for that city to call for help, whereupon Jacksonville, which had been the first city to quarantine her, became the first to render her aid in the form of supplies.[229]

In answer to the call to physicians for aid in the holocaust, Dr. Wellford volunteered his services and on September 22 left for Fernandina by train,[230] never to return.* On September 24, Captain Grossman of Fernandina wrote: "Dr. Wellford, who so nobly volunteered to come to our aid, is hard at work . . . his cheery smile and pleasant voice bring comfort and hope to many a patient."[231]

On September 30, Dr. Wellford wrote to Dr. Daniel in Jacksonville:

> Dear Doctor:
> I am tired after over fifty visits today. Dr. Martin and . . . I are the only active helpers professionally, the others from sickness and . . . unavoidable causes being eliminated . . . I am hearty and well and on the principle of "naught ne'er being in danger" am brighter and brisker than half the people here. Don't think I am either reckless or boastful. I appreciate life as most but, thank God, I appreciate something higher still than mere physical existence.
> When you kneel down at night to offer thanks for present favors and future good implore, ask for me that God bless that immortal heart which will survive the grave, and if your prayer be granted I care not how soon the summons may come.[232]

It may be that Dr. Wellford was beginning to feel ill when he wrote this letter, for the following night, October 1, he went to bed with fever.[233] A few days later The Duval County Medical Society sent Richmond Kinloch, a colored man experienced in nursing patients with yellow fever, to Dr. Wellford's bedside.[234]

On October 5, Dr. Starbuck and Mayor Riddell wrote to Dr. Daniel: "Dr. Wellford is in a very critical condition this morning. Everything that science and friendship can suggest is being done for him."[235] On October 10, at 10 o'clock in the morning, Dr. Wellford died. That afternoon funeral services were conducted at St. Peter's Church in Fernandina, and the bells of the churches tolled.[236] Dr. Wellford was buried in Fredericksburg, Virginia.[212]

Mr. U. Sinclair Bird, secretary of the Fernandina Sanitary Commission wrote:

> Our hearts were drawn to him by the sweet attraction of his gentle and tender kindness . . . he excited our admiration and gratitude by his eminent skill and intrepid devotion. Jacksonville could not have sent us a nobler gentleman, a purer man, a more skillful physician.[237]

At a special meeting of The Duval County Medical Society, October 12, the following resolutions were adopted:

> His courtly gentleness and modesty of manner, his kindly yet high toned ethics in all his professional relations, his unselfishness in everything that related to friendship or duty alike ever marked him as one endowed with all these attributes of head and heart which unite to make the accomplished physician and Christian gentlemen.
> . . . . . .
> Resolved, third, that as a mark of esteem his name be kept on our roll and called at each meeting.
> . . . . . .
> Jno. D. Fernandez,
> Secretary, Duval County
> Medical Society.[238]

The following year, at its regular meeting, the Florida Medical Association honored signally its dead President.[239] Dr. Wellford had served his stricken neighbors and had counted not the cost.

*On September 10, a petition had been presented to the Jacksonville Board of Health asking permission for Dr. Wellford to visit Fernandina and return after giving his professional services to the sick of Captain Joseph Smith's family, but the petition had been refused.[228]

SACRED

TO THE

MEMORY

OF

FRANCIS PRESTON WELLFORD M. D.,

PRESIDENT

OF THE

FLORIDA MEDICAL ASSOCIATION

WHO OBEYED THE COMMAND,

"GO HEAL THE SICK,"

And who Nobly Sacrificed his Life in the Discharge of

CHRISTIAN AND PROFESSIONAL DUTY

AT

FERNANDINA, FLA.,

A. D. 1877.

"WELL DONE GOOD AND FAITHFUL SERVANT."

Page dedicated to the memory of Dr. Wellford in Proceedings of the Florida Medical Association, session of 1878.

It is difficult to conceive of the hardships which Jacksonville's neighboring city encountered during the summer and fall of 1877. On October 27, it was announced that 800 families there were helpless,[240] while a few days later Dr. Blackburn* reported that the fever was at a standstill among the white population for there was "no material for it to work on."**

A census of Fernandina, taken on September 28, had shown a population of 1,632, 1,146 of whom had the fever. There were 94 deaths, a mortality rate of about 5½% of the total population. Among the white people the mortality rate was about 16 per cent while among the colored it was less than 1 per cent.

Physicians and nurses came from many parts of the United States to lend aid, and contributions from widespread areas to the relief fund amounted to more than $26,000,[243] but suffering, nevertheless, was intense. The epidemic left the people of the town almost destitute while business, which depended chiefly on shipping, was utterly prostrate.[244]

In the next installment we shall study the yellow fever epidemic as it developed in Jacksonville.

*A volunteer physician from the midwest who, contrary to most physicians, gave no medicine. He believed in good nursing and mild "stimulants" and advised keeping the patient's body at an even temperature.[241]

**On October 24, it had been announced that yellow fever had seized the colored population.[242]

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OUTBREAK OF SEPTIC SORE THROAT DUE TO RECONSTITUTED POWDERED MILK; EPIDEMIOLOGIC OBSERVATIONS, ALLEN, RALPH F., AND BAER, LOUIS SHATTUCK, U.S.N.R., J. A. M. A. **124**: 1191-1193 (APR. 22) 1944.

An outbreak of septic sore throat, caused by milk from a contaminated "mechanical cow" and occurring among personnel of the United States Navy, is reported. Approximately 10 per cent of the complement of the station became ill, and the epidemic is believed by the authors to be the first from this cause to be recorded in the literature.

It was observed that 100 per cent of the patients had eaten at the general mess while large groups eating at other messes were not sick. When the first 100 patients gave a history of drinking milk and no other food could be similarly incriminated, inspection of the dairy revealed defects which could easily have allowed the serving of contaminated milk.

Practically pure cultures of beta hemolytic streptococci were grown from samples of the 155 throat cultures made. Cultures from the milk and scrapings from the machine, in which the powdered milk was converted into fluid milk, also showed these micro-organisms.

One man in the milk preparation room had had a sore throat and a tender swollen gland in his neck two weeks before the outbreak. During the epidemic he suffered a recurrence of the sore throat, and his throat culture was positive for beta hemolytic streptococci. Nevertheless, the nature of the organism causing his previous sore throat and whether or not he was a carrier could not be determined.

The relation of previous tonsillectomy to the morbidity rate is of particular interest. It was established that there is a positive correlation between the presence of tonsils and one's chances of getting septic sore throat during the course of a milk borne epidemic.

Since the "mechanical cow" is widely used to supply the armed forces with fluid milk and ice cream, this article is particularly timely in that it indicates a new source of danger to the health of military personnel inherent in the improper operation of this machine and recommends means of avoiding this danger. Suggested preventive measures include careful instruction in and supervision of the operation of the machine, an adequate number of machines and sufficient trained operating personnel, a complete daily breakdown of each machine for cleansing and sterilization, weekly checks of the pasteurizing and cooling temperatures, cleanliness of milk cans and their prompt retinning when necessary, careful screening and adequate ventilation, suitable drying racks for milk cans of approved construction, bulkheads painted white to expose dirt and frequent checks on the health of all milk handlers.

A COUNTY MEDICAL EXAMINER SYSTEM, KILLINGER, RAYMOND R., AND DYRENFORTH, LUCIEN Y., JACKSONVILLE, SOUTH. M. J. **37**: 618-622 (NOV.) 1944.

From a vantage point gained through wide experience over a long period of years, Dr. Killinger, medical examiner of Duval County for fifteen years, and Dr. Dyrenforth, collaborating pathologist, point out the fundamental flaws in present county medical examiner systems and offer constructive suggestions for a new order. They note that primarily the inadequacies of current systems arise from failure to recognize the obvious fact that determination of how a death occurred is definitely a function of the science of medicolegal learning. In Florida, recent direction by statute that the coroner pass on to the County Solicitor or State Attorney a request for necropsy represents an improvement over the former custom of employment by the coroner of a physician "competent to perform" the necessary examinations. Nevertheless, this more intelligent central control by no means offers a real solution to the problem, nor can it be completely solved so long as a judiciary body is to decide purely medical questions. Payments for medical assistance, varying in the different states, are suggested as one cause for other deficiencies.

It is observed that growing urban centers now need more than ever the services of full time specialists and central medicolegal laboratories, with all the appurtenances available. A table sets forth the status of the persons signing death certificates in the three largest counties of Florida, a state in which doctors of medicine, osteopathy, chiropractic and naturopathy, and in some instances the local health officer or registrar and the coroner, are permitted to sign these certificates. Of 7,537 death certificates signed in Dade, Duval and Hillsborough counties in 1942, 6 per cent bore the signature of the coroner, a law enforcement officer not medically trained. For this same year, deaths from suicide, homicide and accidents in this state were 115.8 per hundred thousand, a rate exceeded only by deaths caused

by heart ailments and "all other causes." Surely the authors contend, deaths in all of these categories should come under the purview of a medicolegal expert.

The origin of the coroner system, the duties of the coroner, often vaguely defined, and the vulnerability of this elected officer to political pressure are set forth. The inefficiency and ill-adaptation of the system to the complex conditions of modern times and its fatal weakness of upholding the coroner as an infallible oracle when it comes to determining the causes of death by inquest are discussed.

Believing it imperative that medical functions be divorced from those of a purely legal nature, the authors advocate a system designed as purely a medical function, with responsibility limited to the scene of violence, subsequent necropsy and laboratory examinations as required, together with court testimony as required. They regard it as highly desirable that the office of medical examiner be not affiliated with any other county or city department or bureau, office or agency. To insure impartial and unquestioned investigations, it should be free of political influences or intrigue. They mention that some of the existing medical examiner systems have many favorable features, such as those of Massachusetts, New Jersey and New York, citing in particular the office of the Chief Medical Examiner of the City of New York, built as it is upon the basic principle that the cause of death must be determined solely by medical investigation.

Some of the many duties of the skillful and resourceful medical examiner are outlined, including the circumspect handling of official investigations, the carrying out of the proper procedure for the postmortem examination, the obtaining of willing witnesses and the using to full advantage, both in the laboratory and at the scene of crime, the exceedingly valuable adjunct of photography. Ballistics and fingerprinting studies are also named as important aids in the work of the modern medical examiner.

In support of the medical examiner and the worth of medicolegal investigations, a plea is made for adequate legislation to insure unfettered movements of the examiner, sufficient equipment to assure completeness of his investigations, and cooperation from all agencies of the law, but without political influences. These considerations are of incalculable importance in the difficult cases requiring profound study and search, such as those involving otherwise undetectable spinal cord injuries, burned and mutilated bodies concealing skull fractures, carbon monoxide poisoning, the absence of carbon monoxide (as a clue to death prior to fume exposure), the presence of certain foods in gastric contents and their degree of digestion as a factor in determining postmortem intervals, salt water drowning phenomena, wounds and wound combinations, wounds and drowning combinations, intoxication, shock, relevant natural disease processes and asphyxia.

ALCOHOL INJECTION OF LUMBAR SYMPATHETIC TRUNK, LILLY, GEORGE D., MIAMI, J. A. M. A. **128**: 479-482 (JUNE 16) 1945.

Although favoring lumbar sympathectomy for the relief of vascular insufficiency in an extremity when surgery can be tolerated with safety, Dr. Lilly advocates a chemical sectioning of the sympathetic nerve supply to the lower extremities in the many patients on whom surgery is contraindicated because of heart disease, renal disease, or both. This procedure consists of injecting sterile 95 per cent alcohol into the region of the lumbar sympathetic trunk. Despite many reports of alcoholic neuritis following this type of injection and some experience with it in his early cases, in the last three years he has encountered only 1 relatively mild neuritis of the genitofemoral nerve in a series of more than 150 cases.

Regardless of their age or general physical condition, all his patients suffering from arterial insufficiency of the lower extremities and regarded as poor operative risks have been subjected to an alcoholic injection of the lumbar sympathetic trunk. In many with frankly infected gangrene the procedure appeared to make possible a satisfactory amputation at a lower level with better postoperative healing of the stump. In several aged patients, who were fibrillating and in whom saddle emboli of the lower abdominal aorta or of one of the femoral vessels had developed, this measure relieved pain in almost every instance. Also, in these cases the improvement in circulation as a result of the interruption of the associated vasospasm of the collateral blood supply was most striking, and very few of these patients had to undergo amputation. The majority of a large number of persons in their sixth, seventh and eighth decades who have undergone bilateral alcoholic injection of the

lumbar sympathetic trunks because of claudication and rest pain have experienced relief from rest pain, much improvement in claudication and a definite increase in their ability to walk.

The greatest hazard associated with this treatment lies in the danger of inadvertently allowing some of the injected alcohol to come in contact either with the genitofemoral nerve or with one or more of the lumbar nerve trunks. The technic employed is described in detail and is well illustrated.

Dr. Lilly has observed that most of these injections are effective for at least six months and frequently for a year or more. He has encountered no contraindications to repeated injections and resorts to reinjection as often as it is indicated by the individual patient's clinical symptoms. His conclusion is that when surgery is contraindicated, paravertebral alcohol injection of the lumbar sympathetic ganglions is a relatively safe and simple procedure if carefully done, and one which relieves many inoperable persons suffering from arterial insufficiency of the lower extremities.

THE SYNDROME OF PAROXYSMAL TACHYCARDIA WITH SHORT P-R INTERVAL AND PROLONGED QRS COMPLEX, WITH REPORT OF TWO CASES, PEARSON, CAPT. JULIUS R., AND WALLACE, LT. COL. ALBERT W., A.U.S., ANN. INT. MED. 21: 830-847 (Nov.) 1944.

After reviewing the several theories offered in explanation of the mechanics of that type of paroxysmal tachycardia associated with a short PR interval and prolonged QRS complex, the authors observe that the accumulating evidence from anatomic, physiologic and experimental sources tends to favor the accessory pathway hypothesis. This theory of conduction, which is primitive in nature and philogenetically understandable, has stood the test of critical investigation longer than other theories and remains at present, in their opinion, the most inclusive and comprehensible so far advanced.

Diverse as opinion is on the physiologic basis for the syndrome, there is agreement, they report, regarding its clinical aspects. Although it may occur at any age and in either sex, it has in the reported cases been most frequently observed in males and may be associated with a heart otherwise normal or with a concomitant cardiovascular or renal lesion. The patient may experience the paroxysm while at rest, or after strenuous exercise or emotion. It may even be an expression of allergy. Usually of the simple auricular type, the tachycardia may in rare instances be on a basis of paroxysmal auricular fibrillation or flutter, or paroxysmal ventricular tachycardia.

Commonly there is a history of the syndrome occurring over a period of many years with remissions. Diagnosis is readily established by the presence on the electrocardiogram of the characteristic features of the abnormal conduction, a short PR interval with a prolonged QRS complex resembling bundle branch block of left, right or intermediate type. In some cases vagal influence is capable of altering the electrocardiogram. The anomalous conduction may persist independently or in spite of all efforts to convert it to normal, or it may vary unpredictably as a result of spontaneous correction, vagal stimulation, or medication with digitalis or quinidine. Prior to the report of a fatal case in 1943, the syndrome was regarded as probably benign, incapable of producing myocardial damage if the bout of tachycardia did not persist too long, and better left without medication, provided the patient was acquainted with all the facts.

In a representative group of soldiers with cardiac disturbances the authors observed 2 cases of this rare syndrome, which they report. In 1, the aberrant conduction pattern could be converted to normal; in the other, the change was never seen spontaneously and could not be affected by any experimentation. They observed some variations from previous findings that differ with and some that lend credence to the accumulated evidence.

Vagal stimulation and inhibition proved ineffectual in abolishing the abnormal conduction pattern; all drugs used to stimulate or depress the sympathetic and parasympathetic nervous systems in general were likewise unable to do so. In 1 of the 2 cases quinidine sulfate was the only drug capable of causing abrupt change from abnormal conduction to normal conduction, but on one occasion it, too, failed to effect this change, after the patient had received acetyl-beta-methylcholine chloride and atropine. Even in full doses, digitalis was incapable of converting the impulse from the unusual to the normal pathway. The authors concluded that maintenance of normal conduction by means of quinidine is unnecessary in these cases unless other factors involving organic or functional changes in the heart occur as the result of continued tachycardia.

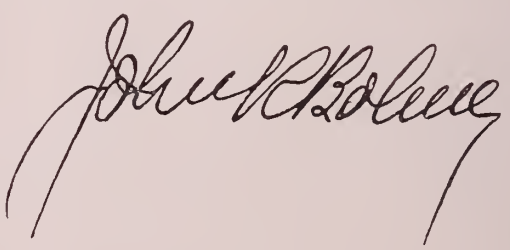
From Our President

PREPAID MEDICAL SERVICE PLAN

At the 1944 Convention of the Florida Medical Association a resolution was passed for the promulgation of a prepaid medical service plan. A committee was appointed headed by Dr. Leigh Robinson. After engaging in an enormous amount of research, its members formulated a plan suitable for endorsement by the Association whereby prepaid medical service would become available in Florida. The necessary legislative acts have now been passed, and the plan is about ready for presentation to the public. The Association is to be congratulated on this constructive piece of work and the excellent progress made as the untiring efforts of the committee approach consummation.

In the present period of evolution and radical change, there is a national tendency toward provision for prepaid medical service. While this form of service is not new, it it just now beginning to gain widespread recognition. In many states plans offering this service are already in successful operation. The need is apparent. It is useless to deny that the threat of socialized medicine has done much to spur organized medicine into some definite program to meet this need. Better care for persons in the lower income groups should and will be provided, either by the medical profession on its own initiative or by the federal government. Unquestionably, voluntary prepaid medical care sponsored by the medical profession offers more to the patient and certainly is more to be desired by the profession.

It is my earnest plea that each member of the Association study the plan submitted and give it wholehearted support. The committee has worked faithfully and well for many months, and while its members realize this plan does not offer a solution for all the problems, their exhaustive study of the subject has led to the conclusion that it is the most logical plan feasible for promulgation at this time.



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PEACE ON EARTH

As this Christmas season approaches we think back over the past few years of war and strife, heartache and sorrow, of sickness and hunger which have been widespread over this earth, and we thank our Maker for this season which brings peace and goodwill to the hearts of men everywhere.

Unless we consider and live for peace in its general meaning, rather than just freedom from war or disturbance, we will miss its true significance. Peace is a state of rest or tranquility, calm, spiritual content. We have heard and will hear much about it, but we will never have peace until we have it in our hearts. Peace is incompatible with hate, jealousy, greed, selfishness, and suspicion; it mixes well with love and confidence, and combined with these it makes joy.

We are sometimes prone to think of ourselves more highly than we ought to think, to feel that we are in all probability just a little better than the average man. We sometimes feel that certain laws do not apply to us, and resent being called to task when we break these laws. So let us forget ourselves and devote our lives to the fulfilment of peace on this earth, and through our efforts for others we will find that peace which is spiritual content and calm.

May the love of God, the Spirit of Christmas, rest and abide with you forever; that is our wish for you this Christmas season.—H. L. P.

MEDICAL SERVICE PLAN

By the time this issue of the Journal comes off the press, every member of the Association should have received a letter outlining a plan for prepaid medical service in Florida. Preparatory to launching the plan, the Board of Governors and a special committee on prepaid medical care held many meetings and made special studies of similar services extant in other states.

The preliminary work has been done. An enabling act was put on the statute books at the 1945 session of the legislature; an application has been made for a charter for the Florida Medical Service Corporation, which organization is to administer the plan for prepaid medical service.

Two steps remain to be taken before the plan can operate. It will be necessary to have agreements signed by individual physicians to cooperate by rendering the services stipulated. To finance the project until it is self-supporting, the members of the Association are asked to make a loan on a pro rata basis. Each county medical society is urged to collect a specified amount based on the membership of the society. These loans, which will not bear interest, will be repaid when the Florida Medical Service Corporation is financially able to do so. It is anticipated that the loans can be repaid within a period of about three years.

Whether the plan in Florida will succeed depends on the extent to which the members of our Association cooperate. The purpose of the plan

is twofold: to give more adequate medical care to a large number of persons and to reduce the threat of federalized medicine.

For additional information, communicate with Dr. Leigh F. Robinson, 720 Sweet Building, Ft. Lauderdale, who is the chairman of a special committee on prepaid medical service, appointed by President Boling.—H. L. P.

MEETINGS IN MEDICAL DISTRICTS

A general spirit of gaiety and good fellowship pervaded the meetings held in October in the four medical districts—the first district meetings since the fall of 1941. The fact that a number of returned medical officers were in attendance, and the anticipated return of others, provided an atmosphere of hopefulness for normal times ahead.

As this was a time for reunion, no scientific papers were presented. Refreshments and a delightful dinner were arranged by the local committees of each entertaining county medical society. A short informal program, arranged by the Council, was held, at which Dr. Frederick J. Waas, chairman, presided. Dr. Waas, before presenting the speakers on the program, gave a brief historical sketch of the district meetings.

He recalled that the first series of meetings was held in the fall of 1937, at which time there were six medical districts. Dr. Edward Jelks, the Association's president, promoted these meetings as a function of the Council; Dr. W. McL. Shaw was the chairman of the Council when this activity was inaugurated. Dr. Walter C. Jones, during his presidential year, suggested at the district meetings in 1941 that the number of medical districts be reduced from six to four and the number of councilor districts from twelve to eight. This suggestion met with general favor and, through the efforts of Dr. Jones, the House of Delegates in 1942 amended the by-laws accordingly. The meetings this year were the first held since the number of districts were reduced and, from all indications, every one seemed happy with the change.

PROGRAM

8:00 p.m.—John R. Boling, President
8:10 p.m.—Shaler Richardson, President-Elect
8:20 p.m.—Robert B. McIver, Secretary-Treasurer
8:30 p.m.—Homer L. Pearson, Editor of the Journal
8:40 p.m.—William M. Rowlett, Chairman, Board of Governors
8:50 p.m.—Selection of Meeting Place for 1946
9:00 p.m—Edward Jelks, Chairman, War Participation Committee
9:10 p.m.—Leigh F. Robinson, Chairman, Prepaid Hospital and Medical Service Committee
9:20 p.m.—H. D. Van Schaick, Chairman, Legislation and Public Policy Committee

At the Tallahassee meeting, Dr. W. C. McConnell, first vice president, substituted for President Boling, who was unavoidably absent. Dr. W. C. Payne, a member of the Board of Governors, substituted for Dr. Rowlett and Dr. John L. Williams substituted for Dr. Van Schaick.

At Ocala Dr. W. C. McConnell, first vice president, again substituted for President Boling; Dr. Duncan McEwan, a member of the Board of Governors, for Dr. Rowlett, and Dr. Horace A. Day, a member of the Committee on Legislation and Public Policy, for Dr. Van Schaick.

At the meeting in Tampa Dr. W. C. McConnell, a member of the Committee on Legislation and Public Policy, substituted for Dr. Van Schaick.

In Miami Dr. Walter C. Jones, a member of the Committee on Prepaid Hospital and Medical Service, substituted for Dr. Robinson.

The addresses by the officers and committeemen who appeared on the program were timely and interesting. In addition to the scheduled speakers, a number of other doctors made addresses. Dr. Wilson T. Sowder, the new State Health Officer, and Dr. Harrison A. Walker, a former chairman of the Council, attended all meetings and spoke briefly at each. At Ocala Dr. T. Z. Cason, chairman of the Committee on Medical Postgraduate Course, discussed the activities of his committee. At Ocala and Tampa Dr. Herbert E. White, chairman of the Association's Committee on Scientific Work, urged those who wished places on the scientific program at the annual meeting to be held in Jacksonville in April to make their applications without delay.

Invitations were accepted to hold 1946 meetings in the following cities:

Northwest District—Pensacola
Northeast District—Gainesville
Southwest District—St. Petersburg
Southeast District—Ft. Lauderdale

Much of the strength of the Association is derived from the district meetings where officers and members can discuss problems informally. All who appeared on the programs generously donated their time and traveling exenses to the furthering of organized medicine in the

state. This meant, in addition to an entire week's time, a round trip of well over a thousand miles of travel.

The attendance at the meetings this year was exceptionally good in view of the fact that more than four hundred members are still with the armed forces. The total registration at the four meetings was 296, of which 237 were members of the Association. The registration by districts follows.

NORTHWEST MEDICAL DISTRICT

OCTOBER 15—TALLAHASSEE

The total registration was 37, of which number 28 were Association members (from this district, 19), 5 were visitors and 4 were ladies. State Association officers present were: Shaler Richardson, president-elect; W. C. McConnell, first vice president; Robert B. McIver, secretary-treasurer; Homer L. Pearson, editor of the Journal; Stewart Thompson, managing director. Councilors present were: Frederick J. Waas, chairman; G. W. Brown, district two.

REGISTRATION

Chattahoockee: John T. Benbow, W. G. Miles, W. D. Rogers. *Foley*: W. J. Baker. *Ft. Lauderdale*: Leigh F. Robinson. *Havana*: J. W. Sapp. *Jacksonville*: F. H. Bowen, Edward Jelks, Robert B. McIver, Shaler Richardson, Frederick J. Waas. *Miami*: Homer L. Pearson, Harrison A. Walker. *Panama City*: Don S. Fraser, J. E. Kerr, C. W. Shackelford. *Pensacola*: Herbert L. Bryans, W. C. Payne. *Quincy*: R. F. Godard. *St. Petersburg*: W. C. McConnell. *Tallahassee*: G. W. Brown, George H. Gwynn, Harold O. Hallstrand, O. G. Kendrick, J. H. Pound, Sarah Parker White, B. A. Wilkinson, John L. Williams.

Visitors—Jacksonville: Wilson T. Sowder. *Panama City*: D. A. Dees. *Tallahassee*: Paul J. Coughlin. *New York—Ogdensburg*: F. W. Porro.

Ladies—Ft. Lauderdale: Mrs. L. F. Robinson. *Jacksonville*: Mrs. F. H. Bowen. *Miami*: Mrs. Harrison A. Walker. *St. Petersburg*: Mrs. W. C. McConnell.

NORTHEAST MEDICAL DISTRICT

OCTOBER 16—OCALA

The total registration was 80, of which number 54 were Association members (from this district, 49), 6 were visitors and 20 were ladies. State Association officers present were: Shaler Richardson, president-elect; W. C. McConnell, first vice president; Horace A. Day, second vice president; Robert D. Ferguson, third vice president; Robert B. McIver, secretary-treasurer; Homer L. Pearson, editor of the Journal; Stewart Thompson, managing director; Frederick J. Waas, chairman of the Council.

REGISTRATION

Brooksville: G. R. Creekmore. *Cocoa*: A. F. Thomas. *Daytona Beach*: Cleland D. Cochrane, Geo. M. Green. *DeLand*: T. F. Hahn. *Eustis*: Rabun H. Williams. *Ft. Lauderdale*: Leigh F. Robinson. *Gainesville*: C. F. Ahmann, Edwin H. Andrews, John E. Maines, Jr., H. M. Merchant, W. E. Murphree, Stuart D. Scott, W. C. Thomas. *Gulf Hammock*: K. R. Cammack. *Jacksonville*: John B. Black, F. H. Bowen, T. Z. Cason, Banks H. Goodale, Edward Jelks, Robert B. McIver, Nelson A. Murray, Frederick Oetjen, Shaler Richardson, W. R. Schnauss, E. J. Teagarden, E. H. Teeter, Frederick J. Waas. *McIntosh*: J. L. Strange. *Miami*: Homer L. Pearson, Harrison A. Walker. *Micanopy*: I. A. Dailey. *Ocala*: T. H. Davis, Bertrand F. Drake, Robert D. Ferguson, E. G. Lindner, J. N. Moore, Robbins Nettles, Eugene G. Peek, Ralph E. Russell, T. H. Wallis, H. F. Watt. *Orlando*: Courtlandt D. Berry, C. J. Collins, Horace A. Day, Edward T. Furey, Duncan McEwan, Meredith Mallory, Frank J. Pyle, DeVere Ritchie. *Palatka*: James W. Brantley. *St. Augustine*: Herbert E. White. *St. Petersburg*: W. C. McConnell. *Winter Park*: Lucien E. Myers.

Visitors—Gainesville: H. J. Babers, Jr. *Jacksonville*: Clarke W. Mangun, Jr., Wilson T. Sowder. *Ocala*: Hugh H. Barfield. *Orlando*: G. LeRoy Edwards.

Ladies—Ft. Lauderdale: Mrs. L. F. Robinson. *Gainesville*: Mrs. Edwin H. Andrews, Mrs. John E. Maines Jr., Mrs. W. E. Murphree. *Grandin*: Mrs. J. W. Brantley. *Jacksonville*: Mrs. F. H. Bowen, Mrs. Clarke W. Mangun, Jr., Mrs. W. R. Schnauss. *Miami*: Mrs. H. A. Walker. *Micanopy*: Mrs. I. A. Dailey. *Ocala*: Mrs. Hugh H. Barfield, Mrs. Bertrand F. Drake, Mrs. E. G. Lindner, Mrs. Carl Lytle, Mrs. Robbins Nettles, Mrs. Eugene G. Peek, Mildred M. Russell, Mrs. T. H. Wallis. *St. Petersburg*: Mrs. W. C. McConnell. *New York—New York*: Mrs. Val C. Jacob.

SOUTHWEST MEDICAL DISTRICT

OCTOBER 17—TAMPA

The total registration was 87, of which number 77 were Association members (from this district, 64), 7 were visitors and 3 were ladies. State Association officers present were: John R. Boling, president; Shaler Richardson, president-elect; W. C. McConnell, first vice president; Robert B. McIver, secretary-treasurer; Homer L. Pearson, editor of the Journal; Stewart Thompson, managing director. Councilors present were: Frederick J. Waas, chairman; Edgar Watson, district six; W. Wardlaw Jones, district five.

REGISTRATION

Bartow: C. H. Murphy. *Bradenton*: L. W. Blake. *Brooksville*: S. C. Harvard. *Dade City*: W. Wardlaw Jones. *Everglades*: F. J. McKinley. *Ft. Lauderdale*: Leigh F. Robinson. *Jacksonville*: F. H. Bowen, Edward Jelks, Robert B. McIver, Shaler Richardson, Frederick J. Waas. *Lacoochee*: W. H. Walters. *Lakeland*: Edgar Watson. *Miami*: Homer L. Pearson, Harrison A. Walker. *Naples*: Vergil G. Stead. *Ocala*: Eugene G. Peek. *Orlando*: Duncan McEwan, G. S. Osincup. *St. Augustine*: Herbert E. White.

St. Petersburg: A. J. Bieker, William M. Davis, Miriam M. Drane, O. O. Feaster, H. J. Jensen, W. C. McConnell, Alvin L. Mills, Ralph D. Murphy, W. G. Post, C. C. Rudolph, S. P. Smiseth. *Sarasota*: J. M. Butcher, Joseph Halton, J. Edward Harris, Stanley T. Martin, A. O. Morton, J. C. Patterson, Millard B. White. *Sebring*: L. W. Martin, H. V. Weems.

Tampa: S. H. Adams, Charles W. Bartlett, A. M. Bidwell, W. C. Blake, John R. Boling, G. C. Bottari, Harold O. Brown, Leland F. Carlton, E. F. Carter, Frank V. Chappell, H. M. Cook, J. C. Dickinson, J. A.

Dominguez, R. R. Duke, Thomas M. Edwards, James L. Estes, Harriet G. Farley, E. S. Gilmer, Charles M. Gray, S. P. Gyland, B. W. Lowry, George R. Maner, Douglas D. Martin, A. F. Massaro, Frank C. Metzger, Joseph A. Minardi, John T. Moore, M. A. Perez, Frank Y. Robson, William M. Rowlett, C. A. Rudisill, Ralph S. Sappenfield, J. D. Scolaro, Edward Smoak, N. L. Spengler, Joseph W. Taylor, H. E. Whitaker.

Visitors—Avon Park: D. L. Nix. *Brooksville*: John D. Helm, Jr. *Jacksonville*: Wilson T. Sowder. *Tampa*: A. T. Cole, Oren A. Ellingson, J. Brown Farrior.

Ladies—Jacksonville: Mrs. F. H. Bowen. *St. Petersburg*: Mrs. A. F. Miller. *Tampa*: Mrs. H. W. Preston.

SOUTHEAST MEDICAL DISTRICT

OCTOBER 18—MIAMI

The total registration was 92, of which number 78 were Association members (from this district, 70), and 14 were visitors. State Association officers present were: Shaler Richardson, president-elect; Robert B. McIver, secretary-treasurer; Homer L. Pearson, editor of the Journal; Stewart Thompson, managing director. Councilors present were: Frederick J. Waas, chairman; W. Y. Sayad, district seven; E. M. Hendricks, district eight.

REGISTRATION

Coral Gables: A. D. Amerise, C. F. Hudson, R. P. Keiser, F. E. Kitchens, James F. Lyons, T. D. Sandberg, H. W. Willis. *Ft. Lauderdale*: O. C. Brown. E. C. Chamberlain, Anna A. Darrow, L. B. Elliston, R. L. Elliston, Roland F. Fisher, Donald H. Gahagen, E. M. Hendricks, Garland M. Johnson, R. A. Mills, C. A. Peterson, Lawrence L. Stepp, R. H. Stovall. *Hollywood*: R. W. Heath. *Jacksonville*: F. H. Bowen, Edward Jelks, Robert B. McIver, Nelson A. Murray, Shaler Richardson, Frederick J. Waas.

Miami: Lawrence Adler, J. L. Anderson, G. C. Austin, William K. Boros, T. E. Cato, M. B. Cirlin, P. L. Dodge, R. M. Fleming, M. Jay Flipse, Tom R. Gammage, William M. Howdon, John J. Jares, Walter C. Jones, W. T. Lanier, Taylor Lewis, Y. C. Lott, Joseph H. Lucinian, W. W. McKibben, P. J. Manson, M. P. Meehan, James H. Mendel, Russell Morgan, Jr., R. Sam Mosley, S. W. Page, Homer L. Pearson, J. O. W. Rash, W. Carlton Rentz, G. S. Roig, C. A. Scarborough, O. A. Schaeffer, J. W. Snyder, R. F. Stover, Earl Templeton, K. C. Thomas, H. D. Van Schaick, H. W. Virgin, Harrison A. Walker, George Williams, Jr., M. C. Wilson, G. H. Withers, A. W. Wood, S. H. Wright. *Miami Beach*: Otto Dowlen, Lee W. Elgin, E. M. Isberg, F. J. Payton. *Tampa*: Ralph T. Heath. *West Palm Beach*: F. K. Herpel, O. L. Kelley, W. Y. Sayad, Edgar W. Stephens.

Visitors—Jacksonville: Wilson T. Sowder. *Miami*: Col. Abbey, Henry Cadan, R. F. Dickey, E. B. Gray, J. C. Hardman, Major Lee, Harry Moore, B. G. Oren, N. A. Portocarrerro, M. A. Schofman, A. R. Taylor, Col. Williams.

FROM MY POINT OF VIEW

President William Howard Taft once remarked that the only people who could not solve the tariff problem of the United States to the complete satisfaction of every one were the experts who had made a life time study of the problem.

Thus it is with many conditions which confront us. The possession of a few facts seems to render the solution very simple. But the deeper one inquires into it, the more one sees that improving one factor often works out to the detriment of other factors.

In this civilization of ours, exchange of expert services is basic. The price we pay for practically any article we buy is not based on one person's profit, often times thought to be the man who sells it to us.

That price depends upon many things—the cost of raw material, rent, labor, capital invested —to name but a few. You cannot arbitrarily change one without materially affecting the other.

This same situation exists in the practice of medicine. The price to the public is not, as is often represented, controlled solely by the one individual, i. e., the doctor who dispenses it to them.

This cost, like the price of an automobile or a refrigerator, is based upon the price of many things. Let us take, for example, the instruments he must buy and use, such as, an x-ray which is a necessity. To build that machine, raw material is necessary. Labor and transportation is necessary to get this to the steel mill. The miner of coal must be paid, the capital to run the mine must have a return. The various parts of the machine must be assembled; some one must be paid for that. And so on up the line to and including the place which must be rented to keep the finished product. To reduce or control by law the amount charged by the operator takes care of only one of a hundred items entering into the price. In order to reduce this price and put the burden of such reduction where it belongs, every one concerned must take a reduction.

But we find along this network many people whose labor or capital definitely helps establish the final price, who want an increase in pay for their part and a decrease in returns for the others concerned.

In the total medical bill one must face when

confronted with serious illness or death, the doctor's account is often represented as the whole cost or at least the biggest item. Reduction, by law if necessary, of that will in many minds solve the whole problem.

Many examples have been given and much written to show the error of such a conclusion. I will cite but one. Total account of one man's illness, of eight days' duration, including hospital, drugs, nurses, orderlies, doctors, a coffin, a cemetery lot, funeral expenses, a vault, grave diggers and the minister was $1,400. The doctor's portion of this was $60. I can prove those figures.

In this sum, as I have pointed out, at least fifty capitalists or manufacturers or stockholders in various companies are represented. At least fifty labor unions through their members and even the so-called white collar class definitely play their part and get their pay.

These people are the ones who finally pay the entire bill. Can any one or all of them tell me how they can reason that only one group concerned is charging too much? Can they show how their demands for higher yields for capital or higher wages for labor could possibly prevent them from paying more for that which they now say is "prohibitive"?

Controlling the prices of one group is not the answer; that is obvious. An attempt to control like to be controlled, and when the "kicker" to meet with approval, for the controller doesn't like to be controlled, and when the "kicker" gets kicked he's going to yell.

FRANK C. METZGER, M. D.

PHYSICIAN-ARTISTS' PRIZE CONTEST

The American Physicians Art Association, with the cooperation of Mead Johnson & Company, is offering an important series of War (Savings) Bonds as prizes to physicians in the armed services and also physicians in civilian practice for their best artistic works depicting the medical profession's "skill and courage and devotion beyond the call of duty."

For full details, write to the Association's Secretary, Dr. F. H. Redewill, Flood Bldg., San Francisco, Cal., or Mead Johnson & Co., Evansville 21, Ind. Also pass this information on to your physician-artist friends, both civilian and military.

BOARD OF GOVERNORS MEET

A meeting of the Board of Governors was held in Tampa, Wednesday, October 17. All members of the Board were present with the exception of one who sent word that his absence was unavoidable. Dr. Osincup was present for the first time since he left for overseas duty.

The dates for the 72nd annual convention to be held in Jacksonville were set as April 22, 23 and 24, 1946. A schedule for the general and scientific sessions was adopted.

On recommendation of their county medical societies, the following doctors were elected as honorary members of the State Association: Dr. Robert C. Boothe, Ft. Pierce; Dr. Frank L. Keeler, Miami; Dr. John F. Mason, Bradenton; Dr. Clayton E. Royce, Lutz; Dr. John B. Seeds, Fruitland Park, and Dr. A. G. C. Stetson, Lakeland.

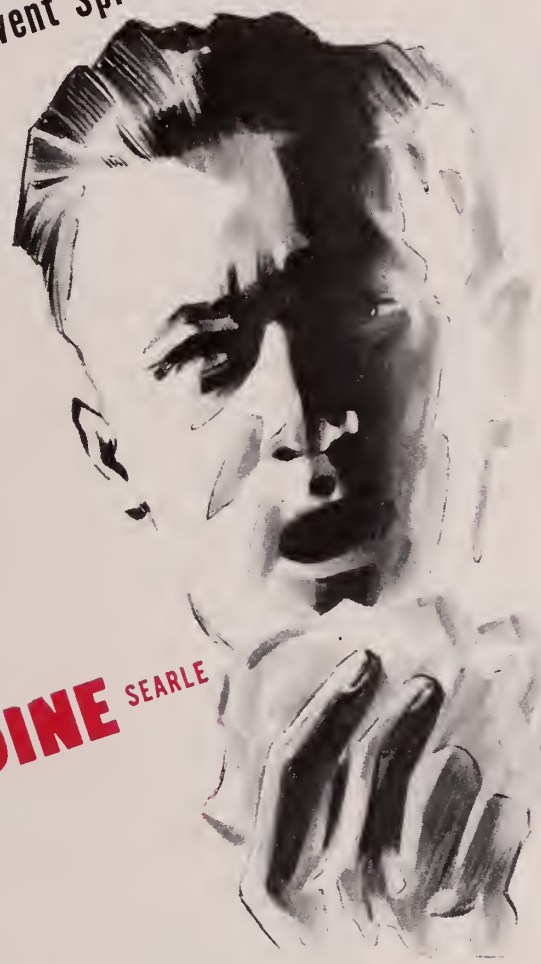
A resolution was adopted requesting the military services to release medical officers as quickly as possible, copies of the resolution to be mailed to our Florida senators and representatives in Washington.

On recommendation of Dr. Pearson, editor, the annual subscription price of the Journal was increased from $3.00 to $5.00, and current issues from 30c to 50c.

A great deal of time was devoted to a report from Dr. Robinson on medical service plans. Definite action was taken on certain recommendations which have been given to the membership through letters and information published in the Journal.

Board members in attendance were Drs. W. M. Rowlett, chairman; L. W. Blake, Duncan T. McEwan, Leigh F. Robinson, Gilbert S. Osincup, Eugene G. Peek, John R. Boling, and Robert B. McIver. Those attending in an advisory capacity were Drs. Shaler Richardson, president-elect; Homer L. Pearson, editor of the Journal and delegate to the A. M. A.; Edward Jelks, delegate to the A. M. A.; Herbert E. White, chairman of the Committee on Scientific Work; Frederick J. Waas, chairman of the Council, and Stewart Thompson.

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Prevent Spread of Infection



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PUBLIC HEALTH DOCTORS NEEDED

Graduates of schools of medicine approved by the A. M. A., who are interested in preventive medicine, are asked to communicate with the Merit System Office in Gainesville for information concerning vacancies with the Florida State Board of Health and County Health Units. Appointments to full-time positions will be made in accordance with Merit System Rules. No permanent appointments are given to physicians who are above the age of 45 upon entering the field of public health. Address Merit System Supervisor, Merit System of the Florida State Board of Health and Crippled Children's Commission, Professional Building, Room 201, Gainesville, Florida.

MEDICAL OFFICERS RETURNED

Dr. Francis H. Langley, St. Petersburg, who entered military service on July 10, 1941, received his discharge on November 19, 1945. His address is 190, 18th Avenue, North, St. Petersburg. He held the rank of Lt. Colonel.

Dr. Sullivan G. Bedell, Jacksonville, who entered military service on February 24, 1941, received his discharge on September 19, 1945. His address is 511 Lynch Building, Jacksonville 2. He held the rank of Lt. Commander.

Dr. Ralph E. Russell, Ocala, who entered military service on Jan. 7, 1941, received his discharge on Sept. 24, 1945. His address is Marion Building, Ocala. He held the rank of Captain in the Army.

Dr. H. J. Peavy, Ft. Lauderdale, who entered military service on Aug. 31, 1942, received his discharge on Nov. 5, 1945. His address is 15 S. E. 16th Street, Ft. Lauderdale. He held the rank of Major.

Dr. H. Gerald Morin, St. Petersburg, who entered military service on Feb. 28, 1941, received his discharge on Nov. 26, 1945. His address is 615 Times Building, St. Petersburg 5. He held the rank of Captain in the Army.

Dr. W. E. Wentzel, Bradenton, who entered military service on May 14, 1942, received his discharge on Nov. 17, 1945. His address is Professional Building, Bradenton. He held the rank of Captain in the Army.

Dr. I. H. Agos, Miami, who entered military service in November 1942, became inactive in January 1945. His address is Box 4832, Miami. He held the rank of Lt. Commander.

Dr. Benjamin Coleman, Miami Beach, who entered military service on June 16, 1942, received his discharge on Sept. 19, 1945. His address is 337 Lincoln Road, Miami Beach. He held the rank of Captain in the Army.

Dr. Angus D. Grace, Fort Myers, who entered military service on June 11, 1941, received his discharge on Aug. 21, 1945. His address is 308 Richards Professional Building, Fort Myers. He held the rank of Captain in the Army.

Dr. Nathan Weil, Jr., Jacksonville, who entered military serivce on Apr. 10, 1941, received his discharge on Aug. 26, 1945. His address is 1022 Park Street, Jacksonville 4. He held the rank of Lt. Colonel.

STATE NEWS ITEMS

Dr. R. L. Elliston and Dr. R. A. Mills, Ft. Lauderdale, spent some time during the month of October doing postgraduate work in Boston.

Dr. E. C. Swift, Jacksonville, has reopened his offices at 111 West Adams Street. Dr. Swift's practice will be limited to internal medicine.

Dr. Elliott M. Hendricks, Ft. Lauderdale, spent his October vacation visiting various points in the North.

Dr. Sullivan G. Bedell, Jacksonville, has opened offices at 511 Lynch Building. Dr. Bedell will limit his practice to neurology and psychiatry.

Dr. Robert Blessing, Ft. Lauderdale, spent three weeks in Chicago recently, visiting clinics.

Dr. A. B. Connor, Ft. Lauderdale, has retired from practice and is now living in California.

Advertisement



From where I sit
by Joe Marsh

AMERICANS have a Word For It

Dr. Walters' boy, who's back from overseas for good, was telling us about the funny customs and the different languages in other countries.

One thing he noticed is that in so many of those countries there's no word for "home." "House," yes . . . or "building." But no name that stands for what we mean when we say home.

"In spite of the fact," he says, "that it's the most important thing there is . . . a place where you can take your shoes off and let down your hair . . . enjoy a glass of beer before the fire and relax with folks you love!"

From where I sit, that may be an important difference between this country and some others. The conception of home as a place of tolerance and sacred loyalties—where differences of habit and opinion give way before love and understanding! Yes, we Americans have a name for it!

Joe Marsh

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What's the other thing we ought to do this Christmas?

FOR the last four years, the Christmas phrase "Peace on earth, good will to man" has had a pretty hollow, bitter ring.

This year, it won't.

And surely, one thing each of us will want to do this Christmas is to give thanks that peace has finally come to us—both peace—and victory.

One other thing we ought to do:

In our giving, this year, let's choose—first—the kind of gift that helped to bring us peace and victory and will now help us to enjoy them.

★

Victory Bonds take care of the men who fought for us—provide money to heal them, to give them a fresh start in the country they saved.

Victory Bonds help to insure a sound, prosperous country for us all to live and work in.

Victory Bonds mean protection in emergencies—and extra cash for things we want to do ten years from now.

★

Choose—first—the finest gift in all the world, this Christmas.

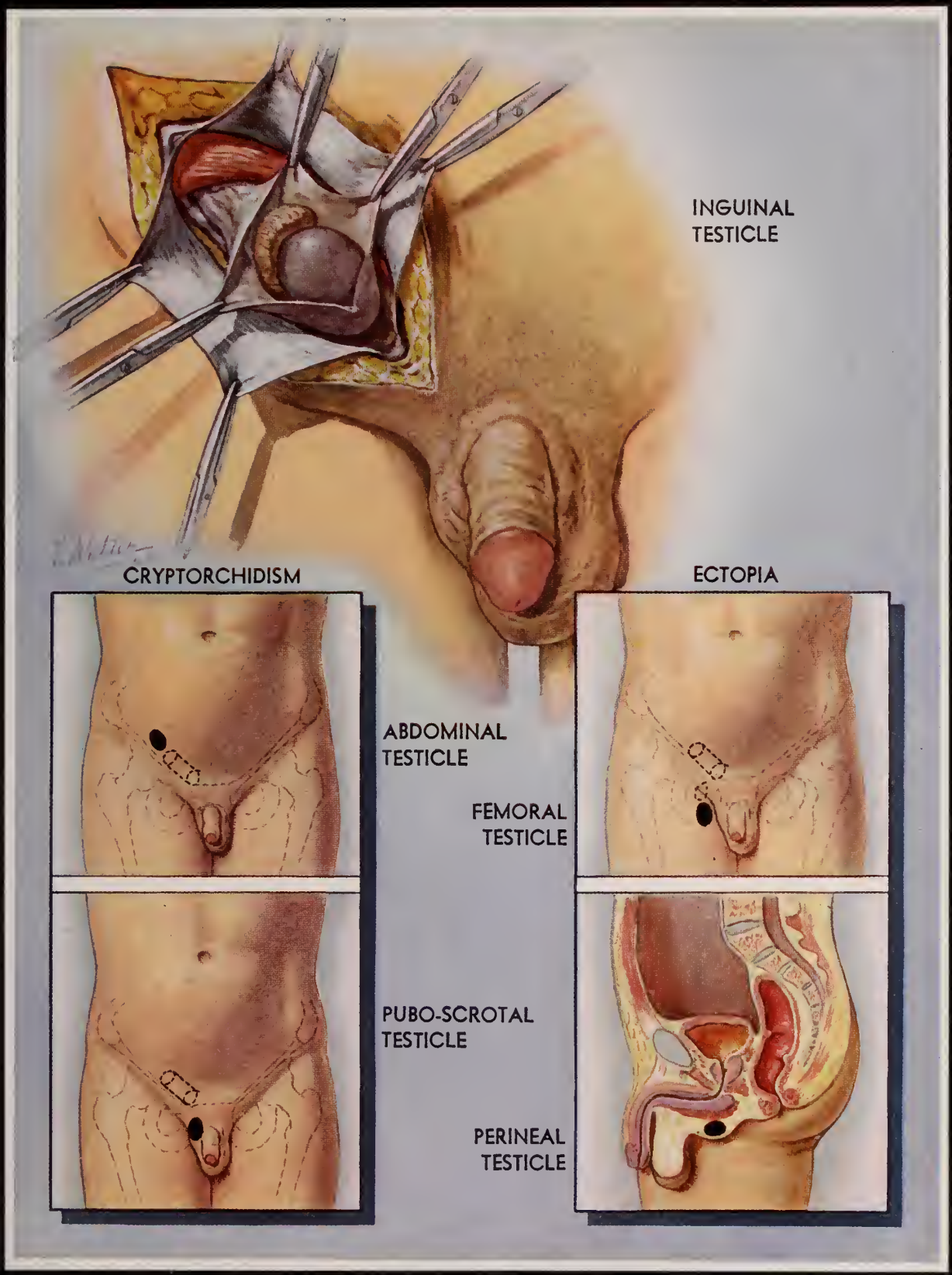
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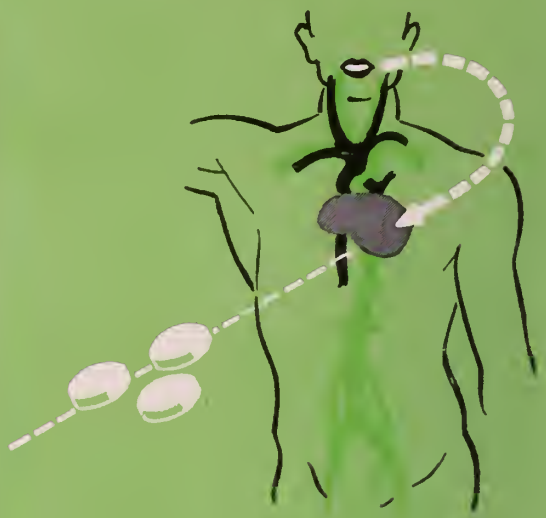
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Dr. David W. Harris, Ft. Lauderdale, spent his October vacation in North Florida.

Dr. Nathan Weil, Jr., Jacksonville, announces the opening of his office in the Medical Arts Building, 1022 Park Street. His practice will be limited to pediatrics.

Dr. E. C. Chamberlain, Ft. Lauderdale, spent his October vacation in Bermuda.

Dr. Thomas H. Odeneal has left Ft. Lauderdale and is now located in Winter Haven.

Dr. Donald H. Gahagen, Ft. Lauderdale, who has been away for some time, has returned and is now associated with Dr. E. M. Hendricks.

Dr. Lloyd J. Netto of West Palm Beach spent some time in October at Nashville, Tenn., where he visited clinics. He then took an extension course in Surgery at the Roosevelt Hospital in New York City.

Dr. L. L. Stepp, Ft. Lauderdale, spent his summer vacation in Pennsylvania.

Dr. Roland F. Fisher, Ft. Lauderdale, spent his summer vacation in Wisconsin.

Dr. O. C. Brown, Ft. Lauderdale, spent his summer vacation in North Carolina and Wisconsin.

Dr. Bernard D. Ross, formerly of Tampa, is now located in Miami. He will limit his practice to internal medicine.

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MARRIAGES AND DEATHS

MARRIAGES

Dr. Garland Marian Johnson and Dr. Alva Richard Taylor of Ft. Lauderdale were married on September 29.

Dr. Anne Louise Hendricks, Ft. Lauderdale, and Mr. Robert McCurdy were married recently.

DEATHS

Dr. Roy O. Cooley, West Palm Beach—Oct. 3, 1945.

Dr. Toliver M. McDuffee, Manatee—June 15, 1945.

Dr. William B. Buckner, Jacksonville Beach—Nov. 11, 1945.

TOLIVER MOORE McDUFFEE

Dr. T. M. McDuffee of Manatee died on June 15. He had been a member of the Florida Medical Association since 1907 and a Life Member since 1942.

Born in Carthage, Tenn., Sept. 22, 1865, Dr. McDuffee received his medical education at the University of Tennessee, from which he was graduated in 1899. He came to Florida in 1907, locating in Bradenton, and immediately became affiliated with organized medicine in this state.

Dr. McDuffee was in every sense of the word a family physician. His devotion to his calling his humaneness and charitableness won for him the esteem and love of all who came in contact with him. He found time, in a busy life of healing, to take an interest in civic affairs and twice served as mayor of Manatee; he also served his county as chairman of the School Board and the Kiwanis Club as president.

He will be greatly missed, not only in his home community but at county, district and state medical meetings, which he attended regularly.

BOOKS RECEIVED

Acknowledgment of books received will be made in this column and this will be deemed by us a full compensation to those sending them. A selection will be made for review as expedient.

SYNOPSIS OF GENITOURINARY DISEASES: Fourth Edition. By Austin I. Dodson, M. D., Professor of Genitourinary Surgery, Medical College of Virginia, Richmond, Va. A discussion of new developments in chemotherapy and endocrinology comprises the principal changes in this edition. Fabrikoid. Price, $3.50. Pp. 313, with 112 illustrations. St. Louis: C V. Mosby Company, 1945.

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References: 1. West. J. Surg., Obst. & Gyn., 51:150, 1943. 2. Clin. Med. & Surg., 46:327, 1939. 3. Am. J. Obst. & Gyn., 46:259, 1943.

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COMPONENT COUNTY SOCIETIES

DADE

The regular meeting of this society was held October 2 at the new nurses' home of the Jackson Memorial Hospital. Dr. Scheffel Wright presided. Dr. James J. Nugent presented an interesting paper on "Prostate Gland in Men Over Fifty," which brought forth considerable discussion.

DUVAL

Mr. Ross Allen, famed Florida herpetologist, was the principal speaker at a meeting of the Duval County Medical Society held on the evening of November 6 at the Seminole Hotel. His subject was "Poisonous Snakes of Florida." Dr. James M. Bryant, president, presided.

PASCO-HERNANDO-CITRUS

Dr. S. C. Harvard of Brooksville entertained the members of this society at a steak dinner at his home on Thursday evening, October 11. Case reports were presented by Drs. W. Wardlaw Jones and S. C. Harvard. Capt. J. D. Helm gave an interesting talk on his work.

Present were Capt. J. D. Helm; Drs. W. Wardlaw Jones, Dade City; W. H. Walters, Lacoochee; J. T. Bradshaw, San Antonio; G. R. Creekmore and S. C. Harvard, Brooksville.

PINELLAS

Dr. C. S. Franckle was host and moderator at a round table assembly held by the members of this society on the evening of October 19.

The society held its regular dinner meeting on November 2, when the following papers were presented: "Management of Renal Calculi," Dr. C. W. Bowman; "Treatment of Acute Cardiac Decompensation," Dr. A. S. Anderson.

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FLORIDA MEDICAL DIRECTORY

Mrs. W. C. Williams, president, is anxious that all county auxiliaries get started early this year soliciting advertisements for the Florida Medical Directory. If we are to make this one of our outstanding projects, no time can be wasted; every one must do her part. We must begin at once so that we can make a good showing and prove ourselves worthy and capable of the responsibility we have accepted.

If there is anything about it you don't understand, or if there are any questions you would like answered, please get in touch with your state president, Mrs. W. C. Williams, 115 Westminster Road, West Palm Beach, or write to Dr. Stewart G. Thompson, Box 1018, Jacksonville 1.

Remember, this is not only a means of making money for your auxiliary but an opportunity to serve the doctors of Florida. Twenty per cent commission is allowed on whatever amount of advertising you send to Dr. Thompson. The treasurer of the State Association is authorized to pay 20 per cent commission to the treasurer of the Auxiliary for advertisements approved, published and paid for.

One of the best places to look for prospects is in your local telephone directory. Of course, all advertisements in the phone book are not acceptable for the Medical Directory. Many of the advertisers in the phone book are, however, good prospects. We feel sure that every auxiliary has a clear conception of what is considered ethical by the doctors as far as advertising goes.

The success of this project depends on the amount of interest each auxiliary member takes in it, and the amount of time and effort she is willing to give to it. Won't you back your president a hundred per cent and get started now?

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SCHEDULE OF MEETINGS

ORGANIZATION	PRESIDENT	SECRETARY	ANNUAL MEETING
orida Medical Association	John R. Boling, Tampa	Robert B. McIver, Jacksonville	Jax., Apr. 22, 23, 24, 1946
orida Medical Districts:			
A—Northwest	Courtland D. Whitaker, Marianna	Stewart Thompson, Jacksonville	Pensacola, 1946
B—Northeast	L. Y. Dyrenforth, Jacksonville	" " "	Gainesville, 1946
C—Southwest	Edgar Watson, Lakeland	" " "	St. Petersburg, 1946
D—Southeast	William Y. Sayad, W. Palm Beach	" " "	Ft. Lauderdale, 1946
merican Medical Association	Herman L. Kretschmer, Chicago	Olin West, Chicago	Canceled
outhern Medical Association	E. Vernon Mastin, St. Louis	Mr. C. P. Loranz, Birmingham	Cincinnati, Nov. 12-15, 1945
labama Medical Association	Walter F. Scott, Birmingham	D. L. Cannon, Montgomery	
eorgia, Medical Assn. of	Cleveland Thompson, Millen, Ga.	E. D. Shanks, Atlanta	Macon, Canceled
orida—			
Section, Am. College Phys.	Meredith Mallory, Orlando	Rollin D. Thompson, Orlando	Jacksonville, Canceled
Basic Science Exam. Board	M. W. Emmel, D.V.M., Gainesville	J. F. Conn, Ph.D., DeLand	June, 1946
Dental Society, State	Fred O. Conrad, D.D.S., Tallahassee	A. J. Fillastre, D.D.S., Lakeland	
Derm. and Syph., Soc. of	J. Frank Wilson, Jacksonville	Wesley W. Wilson, Tampa	
East Coast Medical Association	T. C. Kenaston, Cocoa	I. M. Hay, Melbourne	Postponed
Hospital Association	Mr. Dewitt Miller, Orlando	Mr. H. A. Cross, Jacksonville	
Hospital Service Corporation	Mr. W. E. Arnold, Jacksonville	Mr. H. A. Cross, Jacksonville	
Industrial Surgeons, Assn. of	Kenneth A. Morris, Jacksonville	A. M. Bidwell, Tampa	
Medical Examining Board	J. B. Kollar, Vero Beach	H. D. Van Schaick, Miami	Jacksonville, June, 1946
Medical Postgraduate Course	Turner Z. Cason, Jacksonville	Chairman	
Nurses Association, State	Mrs. C. Lindabury, Miami Beach		
Ophthal. & Otol., Soc. of	C. E. Dunaway, Miami	Wm. Y. Sayad, West Palm Beach	
Pathological Society	L. Y. Dyrenforth, Jacksonville	Iva C. Youmans, Miami	
Pediatric Society	Ludo von Meysenbug, Daytona B.	Robert Blessing, Ft. Lauderdale	
Pharmaceutical Association, State	Mr. H. B. Douglas, Bonifay	Mr. R. Q. Richards, Ft. Myers	Miami, Postponed
Public Health Association	W. W. Rogers, M.D., Jacksonville	E. M. L'Engle, Jacksonville	Gainesville, Dec. 2-4, 1945
Radiological Society	John A. Pines, Orlando	James F. Pitman, Lake City	
Railway Surgeons' Association	Frank D. Gray, Orlando	W. C. Page, Cocoa	Postponed for Duration
Tuberculosis & Health Assn.	Mrs. Alexander Blair, Lake Placid	Mrs. May Pynchon, Jacksonville	
hattahoochee Valley Med. Assn.	Herbert E. White, St. Augustine	Robert B. McIver, Jacksonville	Postponed
ulf Coast Clinical Society	G. G. Oswalt, Mobile, Ala.	C. L. Rutherford, Mobile, Ala.	Postponed
E. Sec., Am. Cong. Phys. Ther.	John J. McGuire, Pensacola	Kenneth Phillips, Miami	Postponed
outheastern Surgical Congress	Alton Ochsner, New Orleans	B. T. Beasley, Atlanta	Postponed for Duration
uwannee River Medical Society	L. J. Arnold, Jr., Lake City	H. S. Howell, Lake City	

	SOCIETY	PRESIDENT	SECRETARY	MEETING DATE	MEMBERS Total	MEMBERS Paid	COUNCILOR
A	Bay	Don S. Fraser, M.D. 456 Grace Ave. Panama City	J. O. Barfield, M.D. County Health Unit Panama City		12	100%	
	Escambia *Santa Rosa	Thurlow W. Reed, M.D. County Health Unit Pensacola	Lee Sharp, M.D. 24 W. Chase St. Pensacola	2nd Tuesday 8:00 P.M.	48	47	A-1-45 C. D. Whitaker, M.D. Marianna
	Franklin-Gulf	T. Meriwether, M.D. Wewahitchka	J. R. Norton, M.D. Port St. Joe	3rd Tuesday Odd Months	6	100%	
	Jackson *Calhoun	D. A. McKinnon, M.D. Marianna	C. A. Adams, Jr., M.D. Marianna	2nd Tuesday 7:30 P.M.	12	100%	
	Walton-Okaloosa	E. L. Huggins, M.D. DeFuniak Springs	A. G. Williams, M.D. Lakewood	3rd Thursday 8:00 P.M.	6	100%	
	Washington-Holmes	N. J. Dawkins, M.D. Vernon	B. W. Dalton, M.D. Vernon		6	100%	
B	Columbia *Baker, Hamilton	William S. Nichols, M.D. Lake City Pharm. Bldg. Lake City	Thomas H. Bates, M.D. Blanche Hotel Annex Lake City	1st Monday 7:30 P.M.	14	100%	A-2-46 G. Wilmot Brown, M.D. Tallahassee
	Leon-Gadsden-Liberty-Wakulla-Jefferson	John L. Williams, M.D. Tallahassee	G. H. Garmany, M.D. Midyette-Moor Bldg. Tallahassee	Quarterly 8:00 P.M.	38	37	
	Madison-Suwannee	Eustace Long, M.D. Madison	E. D. Thorpe, M.D. Madison		10	9	
	Taylor *Dixie, Lafayette	W. J. Baker, M.D. Foley	C. A. O'Quinn, M.D. Perry	Last Friday 8:00 P.M.	4	100%	
	Alachua *Bradford, Gilchrist, Union	H. M. Merchant, M.D. 106 W. Main St., S. Gainesville	Stuart D. Scott, M.D. Gainesville	2nd Wednesday 7:30 P.M.	27	25	B-3-45 L. Y. Dyrenforth, M.D. Jacksonville
	Duval *Clay	J. M. Bryant, M.D. 303 Medical Arts Bldg. Jacksonville 4	Leo M. Wachtel, M.D. 352 St. James Bldg. Jackonville 2	1st Tuesday 8:15 P.M.	200	199	
	Marion *Levy	C. W. Mimms, M.D. Commercial Bank Bldg. Ocala	B. F. Drake, M.D. Professional Bldg. Ocala	3rd Wednesday 12:30 P.M.	25	100%	
	Nassau	D. G. Humphreys, M.D. Fernandina	John W. McClane, M.D. Fernandina	2nd Wednesday 8:00 P.M.	6	100%	
	Putnam	E. W. Ford, M.D. Crescent City	B. E. Kane, M.D. Crescent City	2nd Tuesday Even Months 7:00 P.M.	9	100%	
	St. Johns	Charles C. Grace, M.D. East Coast Hospital St. Augustine	Donald T. Rankin, M.D. East Coast Hospital St. Augustine	3rd Tuesday 8:30 P.M.	12	100%	
	Brevard	A. F. Thomas, M.D. 416 Brevard Ave. Cocoa	I. K. Hicks, M.D. Melbourne	3rd Wednesday	11	100%	B-4-46 C. McK. Tyre, M.D. Eustis
	Lake *Sumter	H. S. Cherry, M.D. Center Hill	R. H. Williams, M.D. Eustis	1st Thursday 12:30 P.M.	16	100%	
	Orange *Osceola	Roland T. White, M.D. 211 S. Rosalind Ave. Orlando	Albert C. Kirk, M.D. 823 E. Colonial Dr. Orlando	3rd Wednesday 8:00 P.M.	97	100%	
	Seminole	James A. Smith, M.D. 112 W. 20th St. Sanford	Leland H. Dame, M.D. Co. Health Unit Sanford	2nd Tuesday 5:30 P.M.	12	100%	
	Volusia *Flagler	Geo. M. Green, M.D. Medical Bldg. Daytona Beach	R. L. Miller, M.D. 258½ S. Beach St. Daytona Beach	2nd Tuesday 7:30 P.M.	42	100%	
C	Hillsborough	Edward Smoak, M.D. 315 Citizens Bldg. Tampa 2	Charles M. Gray, M.D. 306 Citizens Bldg. Tampa 2	1st Tuesday 8:00 P.M.	114	113	C-5-46 W. Wardlaw Jones, M.D. Dade City
	Manatee	M. M. Harrison, M.D. Professional Bldg. Bradenton	L. W. Blake, M.D. Box 318 Bradenton	3rd Tuesday 7:00 P.M.	12	100%	
	Pasco-Hernando-Citrus	William B. Moon, M.D. Crystal River	G. R. Creekmore, M.D. Brooksville	2nd Thursday 7:00 P.M.	11	100%	
	Pinellas	A. M. Feaster, M.D. 166 4th Ave., N.E. St. Petersburg 4	W. C. McConnell, M.D. 313 First Federal Bldg. St. Petersburg 4	1st and 3rd Fridays 6:30 P.M.	109	100%	
	Sarasota	Frank L. Hall, M.D. 252 Arlington Ave. Sarasota	J. M. Butcher, M.D. 209 Commercial Court Sarasota	2nd Tuesday 8:30 P.M.	20	100%	
	DeSoto-Hardee-Highlands-Charlotte-Glades	M. C. Kayton, M.D. Wauchula	C. H. Kirkpatrick, M.D. Box 389 Arcadia	Annually for Duration	20	100%	C-6-45 Edgar Watson, M.D. Lakeland
	Lee *Collier, Hendry	C. G. Merrick, M.D. 26 Leon Bldg. Fort Myers	W. A. Harrison, M.D. 1029 First St. Fort Myers	3rd Tuesday 7:30 P.M.	19	100%	
	Polk	T. H. Roberts, M.D. Box 425 Lakeland	Edgar Watson, M.D. Box 1021 Lakeland	2nd Wednesday 1:00 P.M.	63	62	
D	Palm Beach	Edgar W. Stephens, M.D. 910 Harvey Bldg. W. Palm Beach	David W. Martin, M.D. 618 Comeau Bldg. W. Palm Beach	4th Monday 8:00 P.M.	67	100%	D-7-45 William Y. Sayad, M.D. West Palm Beach
	St. Lucie-Okeechobee-Indian River-Martin	L. L. Whiddon, M.D. 139 N. 4th St. Ft. Pierce	Adrian M. Sample, M.D. Box 176 Ft. Pierce	3rd Thursday 8:00 P.M.	16	100%	
	Broward	Roland F. Fisher, M.D. 720 Sweet Bldg. Ft. Lauderdale	O. C. Brown, M.D. 915 Sweet Bldg. Fort Lauderdale	4th Tuesday 8:00 P.M.	49	100%	D-8-46 E. M. Hendricks, M.D. Ft. Lauderdale
	Dade	Scheffel Wright, M.D. 605 duPont Building Miami 32	George C. Austin, M.D. 140 N. W. 59th St. Miami 38	1st Tuesday 8:30 P.M.	353	343	
	Monroe	James B. Parramore, M.D. 523 Whitehead St. Key West	William G. Page, M.D. Box 428 Key West	1st Sunday 9:00 P.M.	8	6	

*Supervise and aid until organized separately.

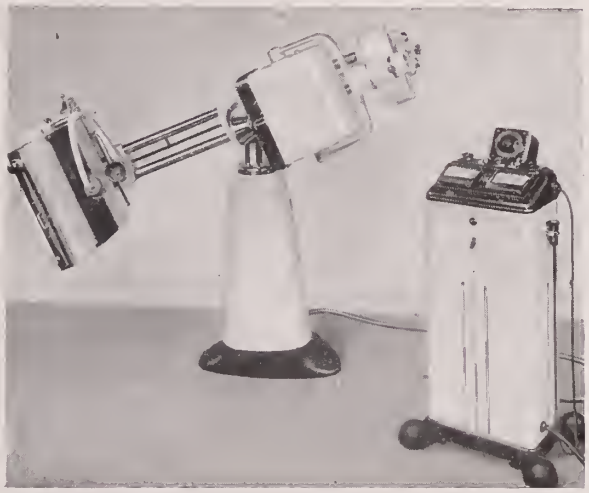
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The JOURNAL of the Florida Medical Association, Inc.

Vol. XXXII JANUARY, 1946 No. 7

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E. Sterling Nichol and Samuel W. Page, Jr.

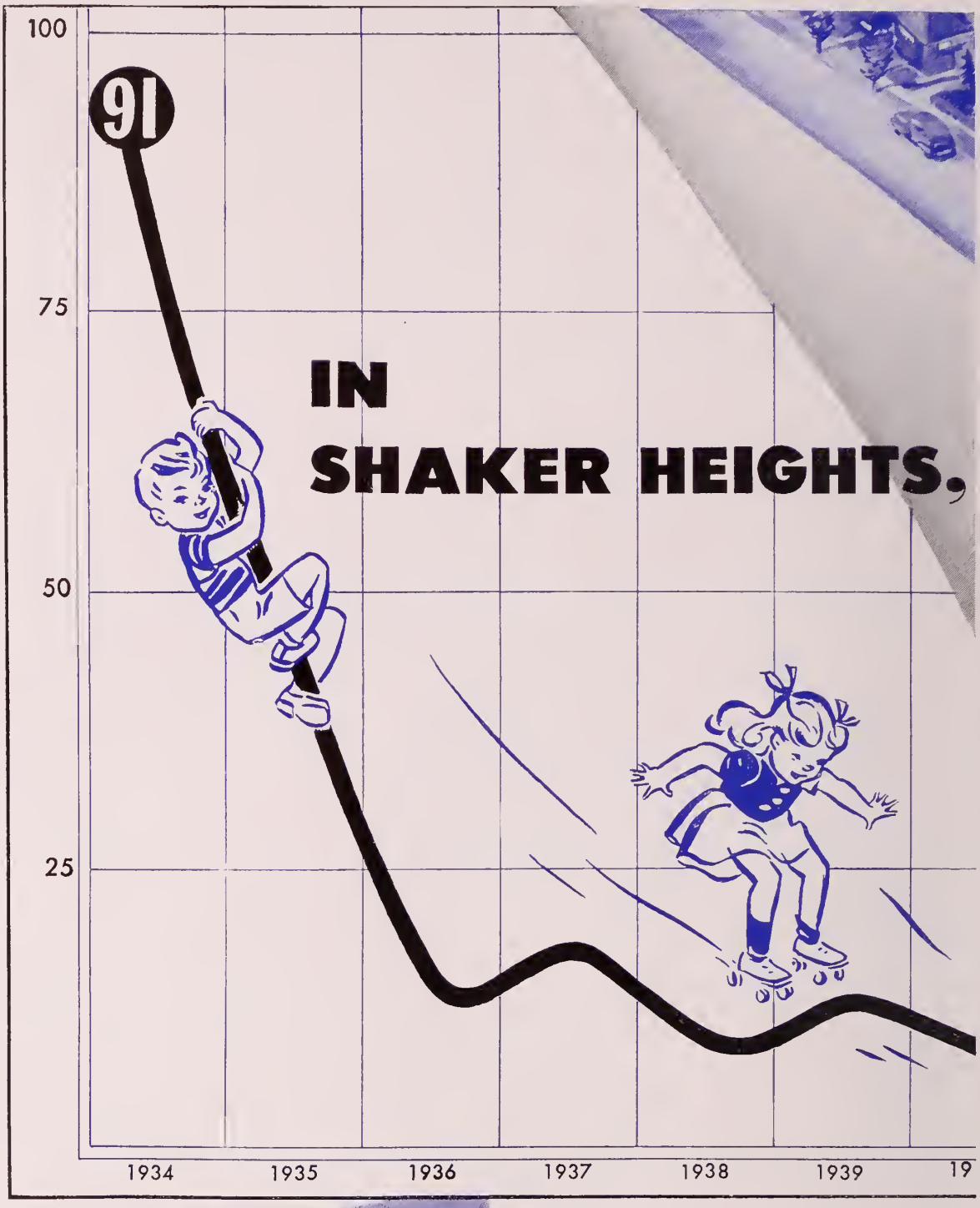
Rehabilitation of the War-Worn Civilian
W. C. McConnell

Loeffler's Syndrome
Milton S. Saslaw and John A. Bowman

Published Association Proceedings Completed
Webster Merritt

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[1] Garvin, J. A., Ohio State M. J. 41:229, 1945.

. . . PERTUSSIS VACCINE IMMUNIZING (SAUER)

The Journal of the Florida Medical Association

Owned and published by Florida Medical Association, Inc.

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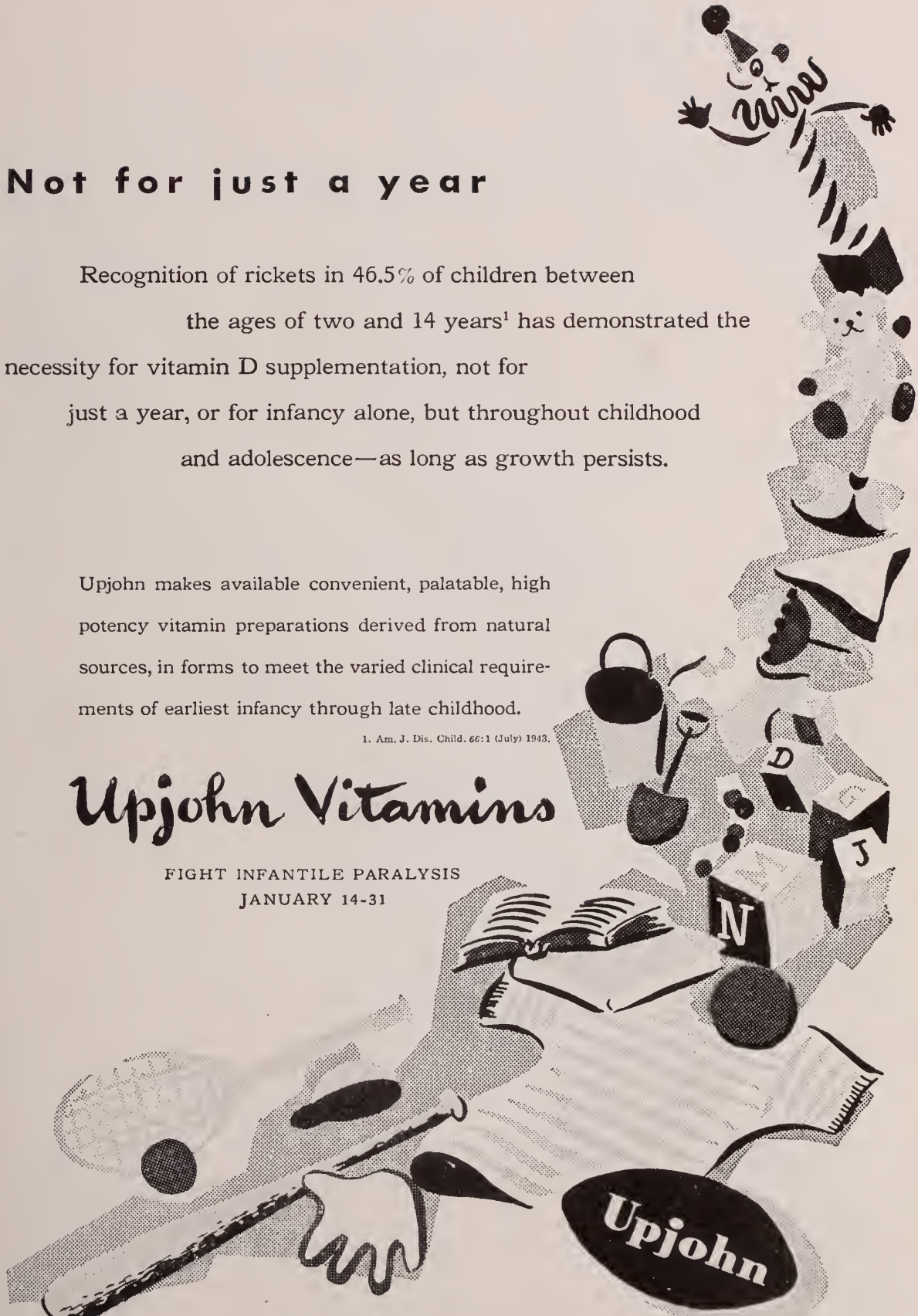
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1. Am. J. Dis. Child. *66*:1 (July) 1943.

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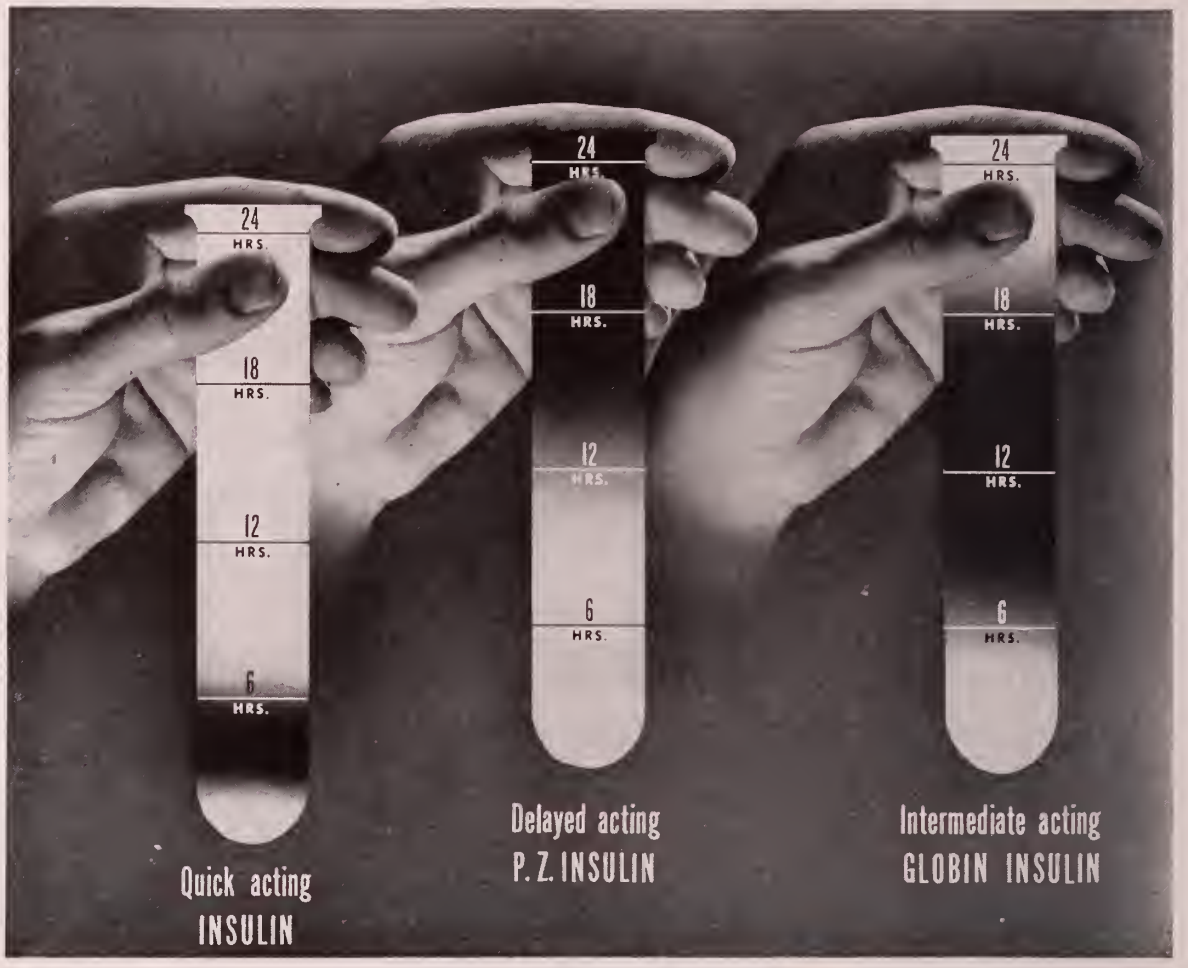
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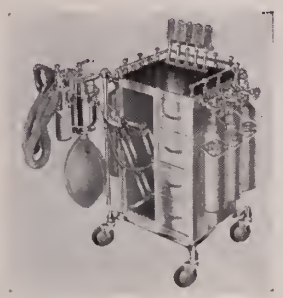
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**Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154.*
Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60.

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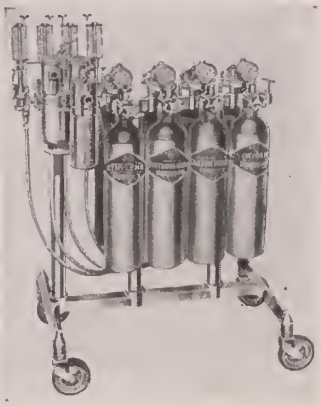


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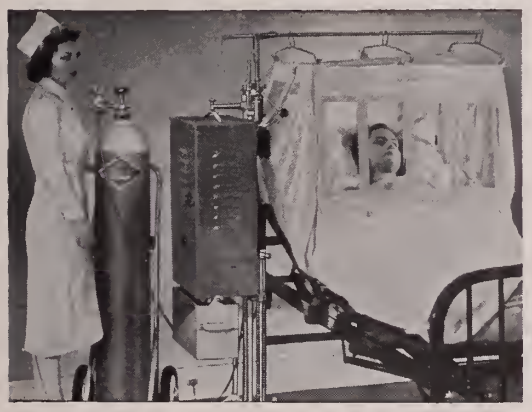
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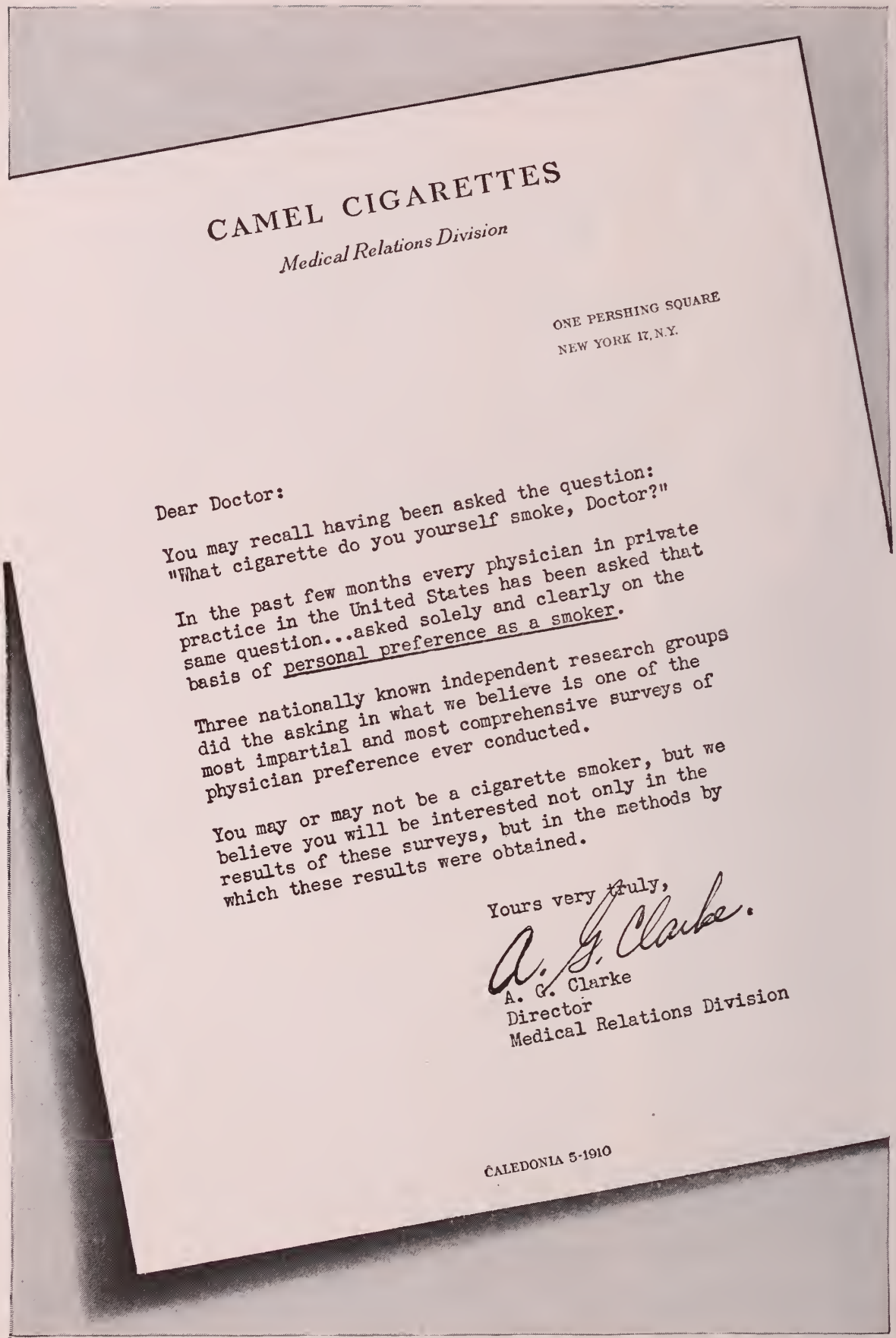
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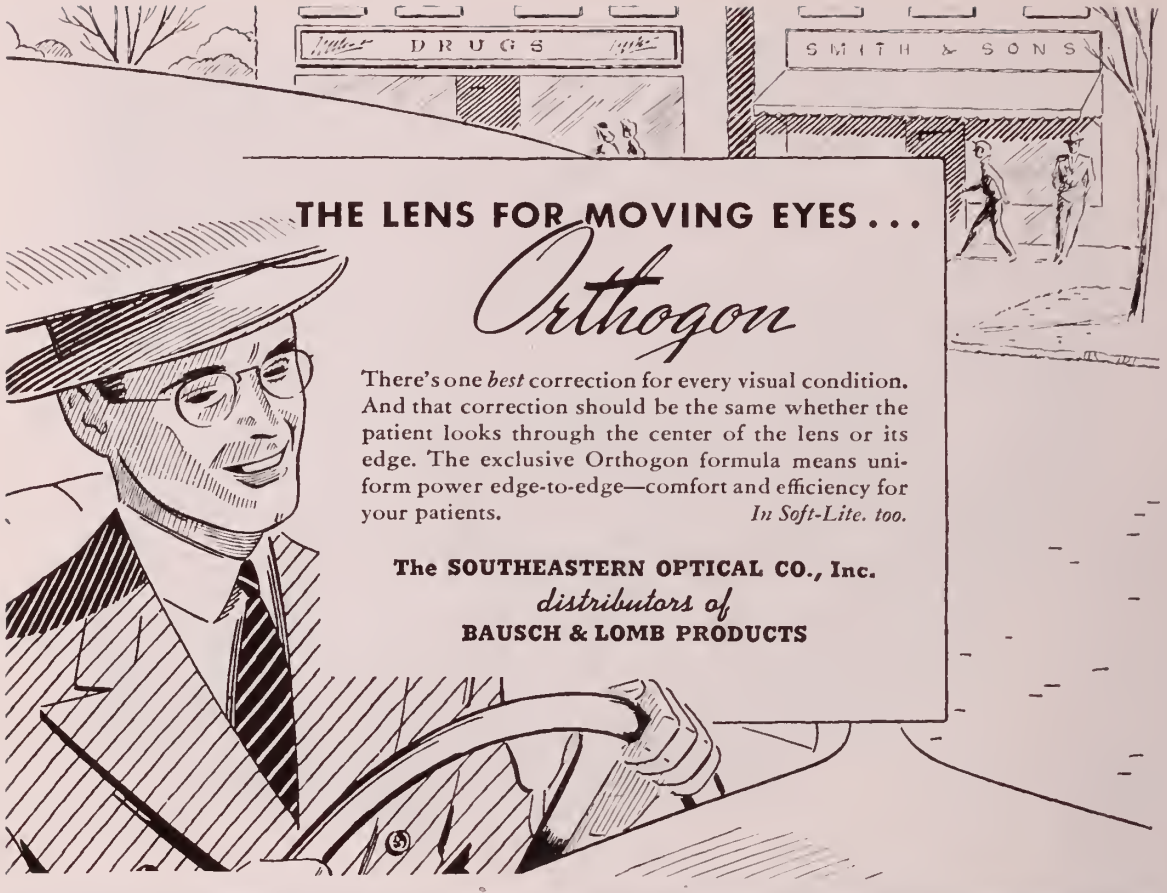
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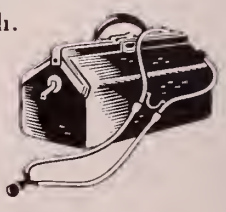
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DICUMAROL THERAPY IN ACUTE CORONARY THROMBOSIS; RESULTS IN FIFTY ATTACKS

WITH REVIEW OF DATA ON EMBOLIC COMPLICATIONS AND IMMEDIATE MORTALITY IN MYOCARDIAL INFARCTION

E. STERLING NICHOL, M. D.
AND
SAMUEL W. PAGE, JR., M. D.
MIAMI

Soon after the anticoagulant dicumarol [3, 3'-methylenebis (4 hydroxycoumarin)] was introduced in clinical medicine, we began using it in the treatment of patients with acute coronary thrombosis. This paper summarizes results obtained in 50 consecutive episodes of acute coronary thrombosis with myocardial infarction occurring in 44 private patients seen between June 1943 and October 1945. No selection of patients was made, and all except 2 were hospitalized.

At the start of our clinical study no data on the the use of dicumarol in acute coronary thrombosis were available, but Barker[1] had told of its successful use in a few cases. Some months after our study began, Wright and Duryee[2] stated they had successfully used dicumarol in 9 cases of coronary thrombosis. Soon references to the use of dicumarol in acute coronary thrombosis appeared in papers concerning its general use, Lam[3] listing 3 cases and Evans[4] 1 case with recovery, and Gefter, Kramer and Rheinhold[5] reporting 1 fatal case. Townshend and Honingman[6] recently reported 3 cases of acute coronary thrombosis among 40 cases of diverse character in which the patients were treated with dicumarol, and LeFevre[7] discussed 7 cases with recovery among 93 cases of all types in which dicumarol therapy was used.

The physiologic effect of dicumarol on human beings has been amply described.[8] There is a lag of forty-eight hours in the effect of the drug, but thereafter the effect is cumulative. Dicumarol induces prothrombin deficiency, thus reducing intravascular clotting, which is not always correlated with prolongation of the coagulation time of the blood. It has been shown that intravascular thrombosis will probably not occur if the prothrombin activity is reduced to 30 per cent of normal. A reduction to 20 per cent of normal should, however, be the goal in dicumarol therapy.

The relative safety of dicumarol in clinical use was shown before our present studies were undertaken by Allen, Barker and Waugh,[9] hemorrhage being the only danger. Barker[10] recently reported the incidence of serious hemorrhage in 1,000 postoperative cases in which dicumarol was given as 2.5 per cent with only 1 fatality, while in 318 cases of thrombophlebitis or pulmonary embolism serious bleeding occurred in only 1 per cent. One death attributable to uncontrollable hemorrhage was reported by Shlevin and Lederer,[11] who inherited a patient neglectfully given dicumarol for twenty-one days without determination of the prothrombin time. (Probably many patients are killed annually by the indiscriminate use of digitalis, but is digitalis to be discarded because of the carelessness of some physcians?) Evans[4] reported 2 deaths due to hemorrhage occurring in a series of 56 cases in which the patients were treated with dicumarol, but in 1, autopsy revealed undiagnosed dissecting aortic aneurysm. Wasserman and Stats[12] reported 1 death due to hemorrhage encountered in 71 cases in which dicumarol was given. In this case, however, the patient, with embolization of the femoral artery, received 1,000 mg. of dicumarol within four days. Presumably this case was an unfortunate example of treatment described by these authors as "over-zealous forcing of the drug in an effort to determine how much could be given." We have treated 2 cases in which inoperable patients with occlusion of the abdominal aorta died from internal bleeding. Both patients received heparin as well as dicumarol, and their cases will be reported in a separate study, as they did not have acute coronary thrombosis.

In spite of the occasional fatal hemorrhage incurred by dicumarol, it is as safe as many other effective drugs in common use, and we cannot concur with DeBakey's "reluctant dragon" attitude expressed in his recent deprecatory remarks on the subject of prophylactic anticoagulants.[13] The fear that dicumarol (or heparin) might even increase the tendency to embolism is allayed by critical analysis of the published data. Strict care must be exercised by the clinician who orders dicumarol for his patient, and he should not relegate the care of the patient to inexperienced or indifferent hands.

METHOD USED

As soon as the patient with acute coronary thrombosis was seen, 300 mg. of dicumarol* was given orally without waiting for a preliminary prothrombin time determination. Contraindications to the use of dicumarol, such as a history of bleeding, hepatic disease, or severe renal disease, were not encountered. The second day 200 mg. of dicumarol was given. The prothrombin activity of undiluted plasma was determined daily by Quick's method. Thereafter 100 mg. of dicumarol was given daily if the prothrombin time was between twenty-seven and thirty-five seconds; 200 mg. was given any day the prothrombin time was under twenty-seven seconds, but none was given if the prothrombin time was over thirty-five seconds. Hurn, Barker and Magath[14] showed the necessity of standardizing each new batch of thromboplastin used because of variability in thromboplastins. These workers advocated translating the prothrombin time determination into percentage of normal prothrombin determinations, and for the most part, a prothrombin time of twenty-seven, thirty-five and sixty seconds represented a prothrombin activity of 30, 20, and 10 per cent respectively of normal. If the prothrombin time exceeded sixty seconds, 60 mg. of vitamin K was given intravenously as it has been shown this amount frequently will restore the prothrombin activity to normal. In the event of bleeding (gross renal hematuria in 1 case) vitamin K and a transfusion of 500 cc. of freshly drawn citrated blood were given with satisfactory results. Gross hemorrhage seldom occurs according to Barker[10] unless the prothrombin activity is reduced below 10 per cent of normal. Microscopic hematuria occurred in several of our cases, but was not considered an indication for stopping the drug. At first the prothrombin activity was determined only with undiluted plasma, but in the last year diluted plasma determinations were also made routinely. For practical purposes as a daily guide for dicumarol dosage, using the undiluted plasma seems satisfactory. Probably dicumarol should be administered in the usual case of acute coronary thrombosis for at least thirty days. In our series the average time in which surviving patients received dicumarol was 25 days (range 10 to 50 days), and the average total dosage was 2,100 mg. (range 1,900 to 5,000 mg.).

*Dicumarol was kindly furnished for this study by the Abbott Laboratories, Chicago.

OTHER TREATMENT

Other treatment accorded the entire group consisted of bed rest, opiates and sedatives as required. Oxygen was used at least the first few days regardless of any obvious need and was continued indefinitely if required. All patients received aminophyllin intramuscularly or intravenously unless signs of intolerance appeared, such as vomiting or tachycardia. Following the work of Gilbert[15a] and his coworkers Leroy and Fenn,[15b] atropine sulfate was given hypodermically as soon as the patient was seen, and was repeated every six to eight hours for the first two days, or longer. Papaverine hydrochloride was used in many cases, alternating with aminophyllin parenterally; if excessive hypotension developed, the papaverine was discontinued. For definite shock blood plasma was given with or without normal saline infusions. Nausea and tympanites were treated with the usual measures. If tachycardia or arrhythmia developed, quinidine sulfate was given. Congestive failure called for the use of dehydration measures, but digitalis was seldom required. Penicillin was used in a few cases in which there was prolonged fever. The diet was low in calories and residue.

WHY USE DICUMAROL?

The object of using dicumarol in acute coronary thrombosis is to reduce the mortality rate and decrease the severity of the acute episode through the following possible mechanisms: (1) prevention of extension of the initial coronary thrombosis, (2) prevention of a second myocardial infarction during the healing stage, (3) especially the prevention of the formation of mural thrombi within the heart, thus avoiding all peripheral systemic emboli and some pulmonary emboli, and (4) prevention of thrombophlebitis developing in the legs and pelvis during convalescence, thus avoiding the prime source of pulmonary emboli. Whether these admittedly admirable objectives can be achieved by using dicumarol remains to be seen, but it should be stressed that no vain hope of "dissolving the clot" exists, except in the eminds of the laity.

FREQUENCY OF EMBOLISM DURING THE HEALING STAGE OF ACUTE MYOCARDIAL INFARCTION

It is well known that when cardiac infarction extends to the epicardium, localized pericarditis may follow, and when the infarct reaches the endocardium, as is more often the case, intra-

cardiac (mural) thrombi often form and adhere to the involved endocardium. Mural thrombi are found much more often in the left ventricle than in the right, but may occur in both ventricles, particularly when the interventricular septum is infarcted, and are present in nearly half of all autopsied cases of acute myocardial infarction according to Meakins and Eakin[16] and Bean.[17] Such intracardiac thrombi constitute a hazard for the patient until complete organization of the thrombi has taken place, a process usually requiring a number of weeks, for portions of friable thrombi may be pinched off, thereby gaining access to the lungs if coming from the right side, or lodging in the brain, kidneys, spleen, mesentery, extremities or elsewhere in the systemic circulation when the left side of the heart is the source of emboli.

It is well established that emboli derive in this fashion often enough to increase significantly the mortality rate in acute coronary thrombosis. About twenty years ago Thayer,[18] Gordinier[19] and Hamman[20] recognized the importance of emboli complicating cardiac infarction, as pointed out by Blumer,[21] who summarized the studies available in 1937, which showed clinically detectable emboli in either the pulmonary or systemic circulation in 14 per cent of 945 cases of acute coronary thrombosis, including 175 cases of his own. He emphasized that in some cases thrombosis in the systemic circulation subsequent to acute myocardial infarction might be mistaken for embolism. In 1938 Eppinger and Kennedy[22] reported embolic phenomena were found in 31 per cent of 200 autopsied cases of acute coronary thrombosis, 25 per cent in the pulmonary circuit and six per cent in the systemic circulation. Bean[17] found embolism in 20 per cent of 300 autopsied cases of cardiac infarction and furthermore found peripheral arterial thrombosis in 5 per cent and infarction without local arterial damage or mural thrombus in another 7 per cent, chiefly in the lungs. In 1942 Garvin[23] reported that in 59 per cent of 133 autopsied cases of myocardial infarction pulmonary or systemic vascular infarction was present, and Woods and Barnes[24] in an autopsy study of 60 patients dying with acute coronary occlusion noted 10 per cent with pulmonary infarcts, veins of the leg being the source in each case, 15 per cent with cerebral thrombi and 1.7 per cent with vascular occlusion of an extremity. de la Chapelle[25] in 1943 stated that in his experience the incidence of embolism following acute coronary occlusion was 12 per cent and added, "Some day it may be demonstrated that (mural thrombi) will be prevented by the use of an anticoagulant such as heparin or dicumarin." Nay and Barnes[26] in 1945 reported that in 100 cases of acute myocardial infarction the incidence of pulmonary embolism was 14 per cent, that cerebral thrombosis or embolism occurred in 8 per cent, and that embolism of the femoral artery occurred in 1 per cent. In addition, thrombophlebitis developed in 7 per cent; in most of these cases pulmonary emboli developed later. In 12 per cent of their cases a second acute myocardial infarction took place during the healing stage of the initial episode. The total incidence of embolic or thrombotic vascular complications encountered was 37 per cent, and they proved to be of serious character in most cases.

The published incidence of pulmonary embolism or infarction complicating the healing stage of acute myocardial infarction has been tabulated in table 1, but it is to be borne in mind in many instances pulmonary emboli, in particular the massive type causing death, take origin in

TABLE 1.—REPORTED INCIDENCE OF PULMONARY EMBOLISM COMPLICATING MYOCARDIAL INFARCTION

Author	*Year*	*Cases*	*Percentage of Pulmonary Infarction*	*Autopsy or Clinical Data*
Parkinson-Bedford[29]	1928	83	10	Autopsy
		100	3	Clinical
Conner-Holt[30]	1931	287	8	Both
Hamburger-Saphir[31]	1932	34	23	Autopsy
Meakins-Eakin[16]	1932	62	42	"
Kugel-Lichtman[32]	1933	95	34	"
Howard[33]	1934	165	5	Clinical
Blumer[21]	1937	175	8	"
Bean[17]	1938	300	14	Autopsy
Eppinger-Kennedy[22]	1938	200	25	"
Garvin[23]	1942	133	33	"
Woods-Barnes[24]	1942	60	10	"
Nay-Barnes[26]	1945	100	14	Clinical

the pelvic or leg veins, rather than the right cardiac chambers.[16, 17, 24, 26] In our series there was only 1 probable episode of pulmonary infarction after dicumarol therapy was begun.

IMMEDIATE MORTALITY IN ACUTE MYOCARDIAL INFARCTION

A review of the published data on the immediate mortality in acute coronary thrombosis reveals that the term immediate mortality is too flexible for exact correlation of data as some authors compute deaths within four weeks and others six or even eight weeks from the acute onset. Furthermore, the criteria used in diagnosing the acute episode vary, and another variable is that private and ward patients, or both classes of patients, make up separate studies. Table 2 is a condensation of the pertinent mortality data published in this country. The high rate of 44 per cent reported by Bland and White[27] is readily explained in their article. Gilbert[25] recently stated that less than 5 per cent of his patients suffering a first attack of acute coronary thrombosis died if seen within a few hours of the onset and treated with aminophyllin and atropine sulfate parenterally.

CLINICAL DESCRIPTION OF GROUP TREATED

Forty-four patients were treated in 50 attacks of acute coronary thrombosis. A definite history of previous myocardial infarction was noted 20 times, 2 previous attacks occurring in 4 cases. The ages of the patients ranged from 38 to 80 years, 37 being 49 years or older. There were 26 men, nine with hypertension and 2 with diabetes. There were 18 women, 9 with hypertension and 3 with diabetes. Other preexisting clinical conditions consisted of cardiac hypertrophy in 20 cases, chronic gallbladder disease and cardioneurosis each in 4 cases, ventricular aneurysm in 2 cases, hemiplegia, mitral stenosis, hyperthyroidism, duodenal ulcer, gout, thrombophlebitis and fracture of the spine each in 1 case.

The acute episodes were graded as serious in 27, moderate in 13 and mild in 10 instances. The sedimentation rate (Cutler) ranged from 20 to 26 mm. 37 times and 12 to 18 mm. 8 times; it was not recorded 5 times. Congestive heart failure, either left or right, or both, occurred during 16 attacks, usually in patients who had suffered a previous myocardial infarction. Pericarditis was noted in only 5 cases. Attacks of Stokes-Adams disease occurred in 2 cases, apparently due to the onset of ventricular tachycardia rather than auriculoventricular block. In 1 of these cases the patient survived several such seizures; in the other, the patient died, and this case will be discussed later. In 2 cases pulmonary infarction developed a few days after the onset of coronary occlusion, and dicumarol was started by us when called in consultation. Herpes zoster of the sixth left intercostal nerve, a rare complication of coronary thrombosis sometimes causing confusion in diagnosis, appeared on the seventh day in 1 case.

TABLE 2.—SUMMARY OF REPORTS OF IMMEDIATE MORTALITY IN ACUTE MYOCARDIAL INFARCTION

Author	*Year*	*Cases*	*Source of Cases*	*Weeks from Onset*	*Percentage of Immediate Mortality*
Levine[34]	1929	143	Pri. & ward	4-6	53
Conner and Holt[30]	1930	287	" "	4	16
Howard[33]	1934	165	" "	?	24
Cooksey[35]	1935	53	Private	8	32
Mullins[42]	1936	400	Pri. & ward	8	9
Master and others[36]	1936	267	" "	4	16‡
King[37]	1937	62	" "	?	18
Bean[17]	1938	300	" "	6	38§
Rosenbaum and Levine[38]	1941	208	" "	4	33§
Bland and White[27]	1941	86	Private	4	44
Rathe[39]	1942	274	"	4	20
Woods and Barnes[24]	1942	128	Pri. & ward	6	46
Shillito and others*[40]	1942	50	Ward	?	34
Smith and others†[41]	1942	100	Private	4-8	15-19
Nay and Barnes[26]	1945	100	"	?	13

*Cases with embolic complications omitted.
†Mortality figures given in table 3 of their paper.
‡Mortality 5 per cent in private cases with patients suffering first attack.
§First attack only.

Electrocardiographic evidence of infarction of the anterior wall was recorded in 30 attacks, and records diagnostic of infarction of the posterior wall were obtained in 8 attacks. Atypical electrocardiographic evidence of myocardial infarction was observed in 7 attacks, evidence of anterolateral infarction appeared once, and in 4 attacks no definite electrocardiographic confirmation of myocardial infarction was obtained. Intraventricular block was present in 3 cases, preexistent in 1 and transient in 1. Grade 1 auriculoventricular block was noted in 2 cases, auricular fibrillation in 1, auriculoventricular nodal tachycardia in 2 and ventricular tachycardia in 2. QRS was directed downward in all leads in 1 case in which a preexisting ventricular aneurysm was present.

RESULTS

Eight patients treated with dicumarol died within six weeks of the onset of acute coronary thrombosis, giving an immediate mortality of 16 per cent in 50 attacks. Analysis of the fatal cases follows:

Case 1.—J. C., a diabetic Puerto Rican matron aged 55, died on the thirtieth day of her second attack with congestive failure and bronchopneumonia. Autopsy showed an incompletely healed anterior infarct and scarring in the posterior portion of the left ventricle. No mural thrombi nor pulmonary infarcts were found. The lungs were edematous, and bronchopneumonia was present. The brain was edematous, but sections revealed no evidence of inflammation or hemmorhage. On the day of death the prothrombin time was thirty-seven seconds.

Case 2.—B.K., a Hungarian man aged 65, with hypertension, atheromatous aorta and hypertrophy of the left ventricle, died on the fifth day of his second attack. Autopsy revealed embolism of a large branch of the superior mesenteric artery, the source of which was apparently the aorta as no mural thrombi were present, while the aorta showed unusually heavy atheromatous plaques and ulcers. No pulmonary infarcts were found. Old and recent anterior myocardial infarction and advanced calcareous disease of the aortic valve were present. The prothrombin time on the day of death was thirty seconds.

Case 3.—C. A. T., a white man aged 58, during his second attack of coronary thrombosis, three weeks after the onset, suffered a syncopal attack with mild convulsive moments, at which time the electrocardiogram showed ventricular tachycardia. He was given quinidine, and the dosage was gradually reduced as he was seemingly in good condition. Two weeks later, while we were at his bedside, there developed a Stokes-Adams seizure again with tachycardia, but after a few minutes cardiac standstill and death occurred. Autopsy revealed old myocardial scarring and a huge healing anterior infarct which involved the interventricular septum. No mural thrombi nor pulmonary infarcts were found. The prothrombin time on the day of death was thirty-three seconds.

Case 4.—P. W., a 55 year old physician with hypertension, recovered from a moderate episode of coronary thrombosis in 1944, for which he was treated with dicumarol. Six months later he was seized with another severe attack a few days before a tentative date set for cholecystectomy. This attack was followed by so much abdominal distention and vomiting that Wangensteen drainage was instituted with some relief. Although he was given dicumarol, he could not retain it, and he died suddenly on the third day, at which time the prothrombin time was only slightly elevated, being twenty seconds. At autopsy an old occlusion of the right coronary artery and a recent thrombosis of the left circumflex artery were found, with fresh infarction of the posterior myocardial wall which involved the posterior portion of the interventricular septum. Epicardial hemorrhages were noted over the infarcted area of the posterior myocardium. The lungs showed acute passive congestion. The gallbladder contained one moderate-sized stone.

Case 5.—C. W., a 60 year old Jewish man with hypertension, had atypical signs of coronary thrombosis, but was given dicumarol. He died thirty-six hours later, probably in an attack of ventricular tachycardia. The prothrombin time was fourteen seconds on the day of death. Autopsy showed a fresh infarction of the anterior wall with involvement of the interventricular septum. No mural thrombi nor systemic or pulmonary emboli were found.

Case 6.—J. C., a 60 year old Jewish man, died on the third day of his second attack. The prothrombin time a few hours before death increased to forty-seven seconds, but on the previous two days it was twenty and twenty-three seconds respectively. Autopsy revealed a huge fresh infarction of the anterior wall and scarring of the muscle. No mural, pulmonary or systemic emboli were found.

Case 7.—W. J., a 58 year old Syrian man died suddenly on the fourteenth day after a stormy course following a severe onset. His history indicated a previous attack. Congestive failure appeared early, and he was given diuretics and cedilanid. The day before he died he had severe precordial pain, possibly due to pulmonary infarction, but the clinical signs of this condition were indefinite, and the electrocardiogram was not diagnostic. The dosage of dicumarol in this case was insufficient as the prothrombin time forty-eight and twenty-four hours before death was only twenty-three seconds. Autopsy was not permitted.

Case 8.—A. G., a Jewish man aged 54, with a ventricular aneurysm, suffered his third attack of coronary thrombosis in March 1945. Congestive failure appeared early. He died suddenly on the thirtieth day, after joking with his nurse. The prothrombin time on the day of death was thirty-eight seconds. No autopsy was permitted.

COMMENT

Of the 8 fatal cases, autopsy in 6 showed no mural thrombi nor pulmonary or systemic embolic phenomena. The death of the patient in case 8 may have been due to pulmonary embolism or a second myocardial infarction, but, as noted in the foregoing analysis of this case, the dicumarol dose was too low. The sudden death of the patient in case 8 suggested the onset of a ventricular rhythm as the physiologic cause of death.

The immediate mortality rate in this series compares favorably with most other reports. All patients experiencing first attacks survived (26 cases). Until a comparison with a similar group of patients treated with the same measures but without the use of dicumarol is made, no definite conclusions may be drawn from our study; yet the probability is strong that dicumarol was ef-

fective in reducing the immediate mortality rate. In cases 4 and 5 the patient died before dicumarol could become effective, as shown by the prothrombin times of twenty and fourteen seconds respectively on the day of death; so in computing the mortality rate for the dicumarol-treated group these 2 cases should actually be omitted. This omission would allow computation of the immediate mortality as 12.5 per cent of 48 attacks.

SUMMARY

Dicumarol was given to 44 unselected private patients in 50 attacks of acute coronary thrombosis during the last two and a half years, with an immediate mortality rate of 16 per cent.

All of the 26 patients who were treated in their first attack survived.

No mural thrombi nor systemic or pulmonic embolic phenomena were found in 6 autopsied cases. Only in 1 case was there clinical evidence of pulmonary embolism, and the patient in this case received an ineffective dose of dicumarol.

Much of the literature relative to embolic complications and the immediate mortality rate in acute coronary thrombosis, and some papers on the clinical use of dicumarol are summarized.

Dicumarol, a safe drug if used intelligently, probably decreases the immediate mortality rate in acute coronary thrombosis. It appears nearly always to prevent pulmonary and systemic vascular embolization and thrombosis if used in adequate amount.

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305 Huntington Bldg., Zone 2.

REHABILITATION OF THE WAR-WORN CIVILIAN

W. C. McCONNELL, M.D.
ST. PETERSBURG

We old fellows of the last war had at least a good slogan. We were saving the world for the Democrats. World War II was a continuation of unfinished business, but it was so diversified that its exponents could not formulate what we were actually fighting for in a short expression. It has mussed up a lot of homes and plans. Sweethearts believed that a 4F or war worker in hand was worth two lovers in combat areas. The wife found the young fellow at home more interesting than the man she had married who was fighting for the four freedoms overseas. The uniforms of the Wacs and Waves dressed up most any female three thousand or more miles from home. "We girls," who had lingered in the anxious seat and had served as maids of honor for many years, looked good to the young pilot in the subdued light of the officers' club. The officers were making more money than they had ever dreamed of having. Wedding bells brought allotment, the groom's departure and new conquests at home. So in this muddled and hurried existence, there is now bound to be maladjustment. Whole families are involved in the maelstrom of fear and doubt. Regimentation with its regression has not only involved the soldier but his folks back home. We have been told bedtime stories of why we should be good nephews and nieces.

The returning soldiers are going to be civilians. Many will apply to government agencies for future medical care, but the majority of them and their families are going to be patients of private physicians. Even while they were on active military duty, many came to us, for they do not like socialized medicine under federal control.

I was invited, a few months ago, to address a combined convention of twenty-two organizations with paid directors who were interesting themselves in rehabilitation of the returned soldier and sailor. It is needless to say that my address was not appreciated for the following is an excerpt from the opening paragraph: "I believe that we can cause havoc by our enthusiasm to do something and that misdirected action by too many agencies will defeat that which we are trying to do, namely, rehabilitate the service man or woman."

Read before the Pinellas County Medical Society, Sept. 7, 1945.

Psychiatry, owing to a concoction of ambiguous terms, has been steeped in a caldron of mystery. Too many teachers of the subject have divorced the mind from the body and the psychiatrist from his medical colleagues. In contrast to the common sense of the family physicians, who have practiced psychiatry since long before the subject had a name, the ninety day army-trained wonder, pregnant with "the" nomenclature, is soon going to be heard in civilian circles. Useful psychiatry simmers down to simplicity when the individual patient and not the glossary is studied.

There is no universal formula for psychiatric rehabilitation for either the soldier or his wife. Much has been published. Most of it would better have been left in the original manuscript. The extrovert will want to tell of his experiences. The introvert will want to be let alone. The ambivert will talk less than the former and more than the latter. The extremes of personality are more prone to show disorder than the well balanced group. Those returning physically intact are generally just tired, annoyed, homesick American youngsters, whose program of life has been interrupted or disrupted. Fatigue symptoms develop more often after combat than during it.

Every normal person has a threshold of emotional endurance beyond which he will become abnormal. The threshold of the majority of soldiers and their wives is sufficiently high to carry them through. The man or woman who would never have shown neurotic or psychotic symptoms if there had been no war, will be no problem beyond rehabilitation for the soldier's physical disability and the wife's acceptance of it. If the soldier showed fatigue symptoms, he would have recovered while awaiting discharge. If he is not wounded, he will fit into his social and economic group as though he had been on a long voyage and had returned tired but glad to be at home. He will become deregimented easily. His wife will quickly transfer his share of the family responsibility to him and make him feel necessary at home. They will start life together anew.

Regimentation implies regression. Regression means turning back towards infantile levels. This has been stressed as necessary in the present army beyond that which we experienced in our military period. If the soldier's home environment is normal, he will accept adult responsibility readily. His wife has been regimented too. She once considered the price of an article as a deciding factor before purchase; during the war emergency

she has been tabulating point values and dates and trying to keep up with a whole book of cute picture stamps with money value only a secondary consideration. The normal American does not want his diaper changed, nor does he want to be put in a cradle after he is old enough to go to bed himself.

The returning officers, especially the pilots, will have an additional financial adjustment to make. The earning capacity of many will be much less in civil life than it was in the service.

Some men never would have matured fully whether in or out of military service. Their rehabilitation will be limited to the degree of maturity acquired. The same applies to the women.

In the borderline case the person will have broken under war strain, whereas he or she might have carried on under normal protected conditions. The soldier will adjust himself after rest unless he is made unduly conscious of his maladjustment by busybody agencies. He can be benefited by firm definite advice leading to a job consistent with his ability to perform. The wife will adjust herself under the guidance of a normal husband. Expression of sympathy would be ruination to either of them. If two weaklings are married to each other, neither can help the other, and one can expect trouble ahead. In this combination, the family physician must be the crutch until both are taught to travel unaided. I often irritate both persons by telling them that they have their wishbones where their backbones ought to be and then I form a conspiracy with each individually to be the moral support for the other. In this way, they both help themselves by each trying to help the other.

The service man who would have become a psychoneurotic or psychotic patient in civil life, will become a permanent problem to the government. He started life as an emotional bankrupt. Under the present plan of disability payment, he loses security by recovering, and it is perfectly hopeless to attempt to make useful citizens of this group. The victim should be paid for the error made in accepting him for military service, but the payment should be made in one lump sum held in trust from which he receives a revenue whether he is sick or well or for one year without possibility of reopening his file. He would have been a social problem without military service, but he will have a more honorable reason for being a misfit by having been in service, even though most of his time was spent in a hospital.

Then there is the veteran who will come to the physician's office only when he wants a blank signed. He belongs to the group who will howl the loudest and march the mostest. He is the goldbricker. Emotional or mental symptoms are easily imitated, and he has learned them while spending his military career in hospitals. He was no good in service and a medical discharge was an easy way for the service to unload a liability before the more recent "inaptitude" status was adopted. The military psychiatrist was probably not fooled in the least, but professed to be to get rid of him.

The great majority of wives are noble women and they accepted stocially the added responsibility occasioned by their husbands' absences. Women usually see trouble through before they give vent to their emotions, in contrast to men who faint promptly, if they faint at all. These women may become patients because of the letdown from responsibility when their husbands return, but they will make quick adjustments. They will have suffered from war just as truly as the men who were in combat.

We will have our problem women patients. The 4F husband will look less attractive when healthy men get home. The war worker's income will have shrunk to his true ability to earn. The dashing stranger in officer's attire, who is probably ten years his wife's junior, will look to her very immature in civies, and she will look very old to him. She will resent his stray glance at the blonde wife his age living across the street and his frequent necessity of making neighborly calls. The devoted mate of forty odd winters with hennaed hair to cover the occasional silvery strand, who entertained the "boys" who called her mother, in memory of her dear husband overseas, will feel deflated with everyday existence. In all these cases, when glamour fades into the drudgery of three meals a day and the family wash on Monday for the brute who came back alive to expect this as part of her job in life without frequent compliments, psychoneurosis is a logical means of attempt to escape. We are having and will have many of these patients. They belong to a class who would have come if there had been no war. They frequently accomplish their desire to retreat and enter a world of fantasy, which to them is more desirable than everyday reality.

As for therapy, Florida is desperately in need of hospital facilities. What exists in Chattahoo-

chee is excellent, but there is not enough room. With federal financing in the form of a loan, every city, county or group of counties of seventy-five or eighty thousand population can have a hospital. This does not imply that smaller communities should not have hospitals. It is my opinion that if every such hospital were to have a psychiatric department, equipped with unoffending barriers, the great majority of patients, now committed, could be hospitalized, treated and rehabilitated without admission to a state hospital.

I believe there is no case of psychoneurosis in which there is a normal endocrine balance. Imbalance may be detected by the Schneider index, metabolic rate or glucose tolerance test. Cures may be accomplished faster by hormone replacement therapy along with psychotherapy than by the latter alone. A general physical examination with blood cell count, urinalysis and Kahn test is important. A healthy body is essential to a healthy mind. I take the attitude that if all laboratory and physical work is normal in a case in which neurasthenia is suggested from the clinical symptoms, the alleged sufferer is a malingerer.

Psychoneurosis may be divided into two groups, namely, overactivity of the sympathetic nervous system syndrome represented by hysteria and overactivity of the parasympathetic nervous system group as observed in neurasthenia. Psychoneurosis is an involuntary attempt to retreat from an intolerable situation and is a function of the unconscious mind. If speed is needed, the sympathetic syndrome will occur. If more time may be used and longer duration of symptoms is necessary, the parasympathetic syndrome results.

Psychotherapy consists in trying to identify the problem, expose it to the patient's conscious mind and either remove it from his environment, the possibility of which is rare, or teach him to accept and master it. Freud followed psychoanalysis, which is time-consuming. Others have used hypnosis. More recently drug hypnosis has entered the program. It seems to have most value in hysteria. A rational discourse on the mechanism of a patient's symptoms and a frank conversation on how he can best attempt to adjust himself to his environment serve in the great majority of cases.

313 First Federal Bldg., zone 4

LOEFFLER'S SYNDROME

MAJOR MILTON S. SASLAW
AND
CAPTAIN JOHN A. BOWMAN
MEDICAL CORPS, ARMY OF THE UNITED STATES

In a recent review on the subject of Loeffler's syndrome, Miller[1] discussed this condition in detail. It is characterized by a transient pneumonic process and eosinophilia. Up to 1940, 105 cases had been reported, including 51 described by Loeffler. Since that time other cases have been added to the literature under various titles, including "Loeffler's Syndrome,"[2] "Transitory Lung Infiltrations Accompanied by Eosinophilia,"[3] "Transient Pulmonary Infiltrations"[3] and "Eosinophilic Infiltration of the Lungs."[4] The present report is intended merely to add to the current literature another case of this type. It is believed that the clinical picture is so benign that diagnosis of it renders the necessity for heroic treatment unnecessary.

REPORT OF CASE

The patient was a 34 year old medical officer admitted to this hospital on Nov. 30, 1944, complaining of weakness. About two months previously there had developed a severe cold for which he was hospitalized overseas. Two days thereafter a routine blood count showed 3,000,000 red blood cells, other laboratory and physical findings being normal. The patient had been doing considerable fluoroscopy in the past, and the anemia was attributed to excessive roentgen ray exposure. On October 20, while he was still in the overseas hospital, there developed in the upper lobe of the right lung atypical pneumonia proved by roentgen study (fig. 1), for which he received 800,000 units of penicillin. At this time an eosinophilia of 28 per cent was present. He was evacuated to the United States, arriving on November 19, and showed progressive improvement thereafter.

Physical examination on December 1, the day after he came under our observation, gave normal results. Prior to the patient's present illness, he had had one attack of falciparum malaria and one episode of bacillary dysentery. Allergic studies revealed no sensitivity. Stool examination showed no abnormalities. Serum agglutination for salmonella and shigella groups showed on December 4 a titer of 1:640 to the Flexner Y organism. Gastric analysis revealed maximum free hydrochloric acid of 11 degrees, but upon administration of histamine, the free acid rose to 55 degrees.

Review of the blood counts reveals the following changes:

Date	*Total WBC*	*Eosinophils*
Oct. 4	6,125	0
Oct. 12	5,450	5
Oct. 16	6,250	1
Oct. 20	...	0
Oct. 21	16,300	4
Oct. 28	10,150	28
Nov. 4	.....	28
Dec. 4	7,250	2

COMMENT

It is believed that this syndrome is undoubtedly more common than has thus far been reported and that it is frequently missed because of the



Fig. 1.—Roentgenogram demonstrating atypical pneumonia.

fact that the patient is not extremely ill and much of the routine laboratory work such as is performed in an army hospital is neglected in civilian practice.

Weingarten's description of tropical eosinophilia[5] leaves considerable doubt as to whether the disease is a distinct clinical entity or perhaps a more severe form of Loeffler's syndrome. Though arsenicals have been tried in only 1 case of eosinophilia, that reported by Miller,[1] the apparent response of this disease, similar to tropical eosinophilia, further emphasizes the similarity of the two conditions. It is at least logical to presume that tropical eosinophilia may in general be a more severe form of Loeffler's syndrome since the chief differences are the more diffuse and more lasting involvement of the lungs, the higher eosinophilia and leukocytosis, and the greater necessity for active treatment.

SUMMARY

A case of Loeffler's syndrome is presented, typical in clinical and laboratory findings and in behavior. It is believed that the disease is more common than the literature would indicate.

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ABSTRACTS OF MEDICAL ARTICLES

THE GASTRIC FEEDING REFLEX, WELCH, P. B., MIAMI, J.A.M.A. **129**: 204-207 (SEPT. 15) 1945.

The normal gastric feeding reflex consists of immediate relaxation of gastric tonus on the first taste of food, with usually a fairly complete inhibition of peristalsis, resulting in a widening of the gastric lumen to accommodate the expected injesta. Distortion of this reflex occurs in association with extragastric abdominal, pelvic or psychic pathologic change. It is manifested by an immediate increase in tone or peristaltic activity, or both, with the ingestion of food The degree of distortion is roughly proportional to the severity of the symptoms and is not influenced by the degree of acidity of the gastric secretions.

The symptoms referable to the stomach include a feeling of fulness, pressure, distress, eructations, heartburn or actual pain in the epigastrium, left upper quadrant or substernal region. They have the one common characteristic of immediate occurrence on the ingestion of food. The patient usually ascribes them to "gas." As a rule other symptoms are associated, which vary with the site of the pathologic condition initiating them, as, or example, pain in the right upper quadrant in the presence of gallbladder disease and pain or distress in the flanks or pelvis associated with urologic or pelvic pathologic change.

The cases presented illustrate the great value of an understanding of the muscular activity of the stomach in association with extragastric pathologic conditions. Kymographic tracings were made of 19 human stomachs with varying types of extragastric pathologic changes, and the diagnosis, intensity of symptoms and degree of inversion of the reflex are correlated.

The abdominal symptom complex associated with distortions of the gastric feeding reflex is the most common one encountered by the gastroenterologist and the general practitioner, and permanent relief can be obtained only by finding and correcting the extragastric pathologic

condition producing it. The author observed that in the presence of this syndrome, the stomach is almost the last place to look for pathologic changes. He stressed the importance of a complete clinical investigation to identify the source of the extragastric stimuli producing the changes in the motor function of the stomach, for they may arise from any source from the psyche to the rectum.



Mistakes In War Surgery, Bowen, Frederick H., Lt. Comdr. (MC) U.S.N.R., U. S. Naval Med. Bull. 44: 777-785 (Apr.) 1945.

Commander Bowen makes his discussion of the grave problem of therapeutic management under combat conditions of cases of penetrating wounds of the adomen and wounds of the lower extremities particularly effective by describing mistakes in treatment in 8 cases reported. The following salient features are set forth in his instructive article:

Early operation, the importance of which is well recognized, is expedited by rapid administration (1,000 cc. in ten minutes) of blood and plasma as a means of controlling shock. Based on clinical observation unaided and unconfirmed by laboratory procedures, citrated blood, quantity for quantity, is believed to be two to three times as effective as plasma in the treatment of primary and secondary shock.

Holes in the small intestine should be closed transversely with avoidance of resection if possible. If closure of a defect narrows the small intestine unduly, a small rubber tube inserted into the lumen will keep it open until edema subsides. When undue narrowing of the lumen seems likely to result from closure of a V-shaped defect in this intestine, widening the wedge by excising the sides of the V so as to increase the acute angle permits closure resulting in a lumen larger than before the wound was incurred. When resection is necessary, cutting the intestine obliquely will avoid excessive narrowing when an end to end anastomosis is to be used.

All wounds of the colon should be exteriorized; a double-barreled colostomy should then be done with the afferent and efferent loops sutured together after the method of Mikulicz. As with any doubtful suture line, a free or attached omental graft should be applied over the suture line of any large wound of the intestine which is closed and returned to the abdomen. Treatment of a wound of the rectum should include debridement, drainage, suture of the rectum when possible, and a double-barreled sigmoidostomy.

In the presence of a retroperitoneal hematoma involving the mesocolon, a leaf of the mesentery should be incised to permit inspection of the posterior surface of the colon. If there is a wound of the colon, this organ should be exteriorized, and drainage of the retroperitoneal tissues should be carried out, preferably through the flank. In the absence of a wound, the mensentery should be closed without drainage.

As important as the operation itself is the postoperative care, in which an important safety measure is tube decompression of the gastrointestinal tract. The Miller-Abbott tube is regarded as essential in many cases although continuous Wangensteen duodenal drainage by means of a duodenal tube size 18 F. inserted through the nose is highly satisfactory in most cases if started immediately following the operation. The rectal tube should be used, at times with Wangensteen suction, but it will not replace colostomy. The value of parenteral administration of adequate fluids and sulfadiazine is stressed; 5 per cent dextrose saline solution alternated with 5 per cent dextrose in distilled water is recommended to avoid edema due to chloride retention; and a urinary output of 1,500 cc. should be maintained.

As soon as possible after the operation, an erythrocyte count above 4,500,000 should be attained. The administration of 500 cc. transfusions of citrated blood, and frequent small (100 to 200 cc.) blood transfusions and 2 or 3 units (500 to 700 cc.) of plasma each day is advised throughout the immediate postoperative period. The benefits of removal to a rear area during this early period are regarded as overrated, but late evacuation, after seven days, is deemed important.

Consideration of one of the cases reported brings out the importance of careful inspection of the buttocks since 20 per cent of the wounds of entrance in penetrating wounds of the abdominal cavity are in this region; the need for inspection of all wounds by the surgeon before undertaking abdominal exploration, and the contraindication of spinal anesthesia in a penetrating wound of the abdomen. Also noted is the

advisability of a daily malaria smear on every sick surgical patient in the malarial regions and on those who have been in a malarial region during the preceding two years, or, in the absence of laboratory facilities, the daily intravenous administration of from 10 to 15 grains of quinine dihydrochloride, to be supplemented and eventually replaced when clinically possible by oral administration of quinine and atabrine. In addition, the expediency of exploration of a wound of the anterior abdominal wall when doubt exists regarding entry of the peritoneal cavity is explained, and closure of any peritoneal defect larger than the width of an ordinary pencil, the wound being treated with sulfanilamide crystals and left open, is advised, as is also excision of the wound, especially when the causative missile is a bomb or shell fragment. This procedure many times makes unnecessary exploration of the abdomen, but in case of doubt, the abdomen should be opened and explored through a separate incision with the use of another set of instruments.

Three cases of wounds of the lower extremity are presented. They illustrate the importance of immediate application of an effective tourniquet.

GAS GANGRENE; A STUDY OF 96 CASES TREATED IN AN EVACUATION HOSPITAL, LANGLEY, FRANCIS H., AND WINKELSTEIN, LAWRENCE B., J.A.M.A. **128**: 783-792 (JULY 14) 1945.

In view of the high incidence of gas gangrene infection in modern warfare and the attendant difficulties of treatment and cure, various interesting data were derived from the statistical and therapeutic study of 96 cases of clinical gas gangrene treated in an evacuation hospital in northern France within a period of four months in 1944. There was an incidence of 16.0 per thousand battle casualties (62 per thousand for the prisoners of war, 12.3 for the Free French and 9.9 for the American) with a mortality rate of 11.5 per cent.

The development of this infection was influenced by the interval of time that elapsed between the initial wound and the primary first aid dressing, and also by the delay in accomplishing definitive surgery. The high incidence among prisoners of war, six times higher than the American, four times higher than the Free French and seven times greater than the civilian, was attributed to these delays, necessarily greater in these cases, and there was also the factor of increased fragility and friability of the German clothing and the larger amounts of this clothing found in the wounds.

Gas gangrene developed with greatest frequency in wounds of the buttocks (55.4 per thousand cases), and less often in those of the thigh (37.2 per thousand cases), shoulder (11.2 per thousand cases), upper extremity (10.3 per thousand cases) and leg (9.7 per thousand cases).

To obtain maximal beneficial effects, early active treatment was essential. Once clinical gas gangrene had developed, therapy centered around radical surgery, laying the wound wide open, the lavish use of counterincisions and, when necessary, amputation of the part. In the entire series five upper extremities and seven lower extremities were amputated for this reason. Radical, extensive, thorough and early surgery was the most important factor in the prophylactic treatment of the infection, but other therapy was also necessary.

Sulfonamides, penicillin and gas gangrene antitoxin, together with the use of vigorous supportive measures, were of inestimable value in saving lives as well as limbs. In accord with other observers, the authors concluded that the sulfonamide compounds are of little value against the clostridia themselves, but are remarkably efficacious against other contaminants of the wound. Although the value of penicillin has been held somewhat in question, they agreed with those writers who have found it satisfactory. Administered in large doses, both locally, intramuscularly and intravenously, it proved to be an excellent adjunct in the chemotherapeutic treatment of gas gangrene, helping reduce both the mortality and the morbidity of the disease. Not, however, sufficiently efficacious in itself to control the infection, it nevertheless was an invaluable aid when used in conjunction with both surgery and antitoxin.

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PUBLISHED ASSOCIATION PROCEEDINGS COMPLETED

In the spring of the year 1902, at the regular meeting of the Florida Medical Association, able, hardworking Dr. J. D. Fernandez, for more than twelve years its secretary, rose to his feet, and in a voice filled with emotion announced that all of the records of the Association had been destroyed in the disastrous Jacksonville fire of May 3, 1901. The records of the Duval County Medical Society likewise had been completely destroyed.

Dr. Stewart Thompson, upon his appointment as Managing Director of the Florida Medical Association in 1926, immediately sensed the lack in the Association's records. The circumstances of the founding of the Association were not clear and even the names of the past presidents were unknown. Dr. Thompson consulted the oldest officers and members, recorded the important facts which they could recollect and he advertized for the Proceedings of the Association which were missing. A list of past presidents was compiled, many of the Proceedings were collected and a foundation was laid for the compilation of an accurate history.

In the summer of 1944 the author began the study of medical historical source material in Duval County. Working with Dr. Thompson and Mrs. Katie Sikes, librarian of the State Board of Health, the gaps in the history of the Association were filled. It is now our pleasure to announce that the Florida Medical Association owns and has on file a complete set of its annual Proceedings from the date of its founding in 1874 to the year 1914 when the first Florida Medical Journal was published.

For their graciousness and generous help in making the files of the Proceedings of the Florida Medical Association complete the officers and members of the Association would like to thank the following:

Mr. W. B. McDaniel, II, Librarian
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MEDICAL OFFICERS RETURNED

Dr. Leonard S. Annis, Tampa, who entered military service on June 30, 1941, received his discharge on Sept. 29, 1945. His address is First National Bank Building, Tampa 2. He held the rank of Lieut. Colonel.

Dr. Clyde O. Anderson, St. Petersburg, who entered military service on Sept. 7, 1942, received his discharge on Oct. 25, 1945. His address is 333 Third Street, North, St. Petersburg. He held the rank of Captain in the Army.

Dr. R. Sam Mosley, Miami, who entered military service on March 1, 1941, received his discharge on Dec. 14, 1945. His address is Jackson Memorial Hospital, Miami 36. He held the rank of Captain in the Army.

Dr. Louis N. Christensen, Orlando, who entered military service on Aug. 25, 1942, received his discharge on Dec. 16, 1945. His address is Florida Sanitarium and Hospital, Orlando. He held the rank of Captain in the Army.

Dr. Henry L. Harrell, Ocala, who entered military service on Jan 6, 1941, received his discharge on Sept. 23, 1945. His address is 215 Robertson Building, Ocala. He held the rank of Major.

Dr. Nelson Zivitz, Miami Beach, who entered military service on Aug. 17, 1942, received his discharge on Nov. 6, 1945. His address is 311 Lincoln Road, Miami Beach. He held the rank of Major.

Dr. Ralph W. Jack, Miami Beach, who entered military service on Sept 10, 1942, received his discharge on Oct. 25, 1945. His address is 100 West San Marino Drive, Miami Beach. He held the rank of Commander.

Dr. John E. Burch, Miami, who entered military service on June 13, 1942, received his discharge on Oct. 21, 1945. His address is 509 Huntington Building, Miami 32. He held the rank of Captain in the Army.

Dr. F. H. Bowen, Jacksonville, who entered military service on July 7, 1941, received his discharge on Nov. 11, 1945. His address is 2000 Park Street, Jacksonville 4. He held the rank of Commander.

Dr. Thomas M. Irwin, Jacksonville, who entered military service on Nov. 25, 1940, received his discharge on Nov. 1, 1945. His address is 2064 Park Street, Jacksonville. 4. He held the rank of Major.

Dr. Ferdinand Richards, Jacksonville, who entered military service on June 16, 1941, received his discharge on Oct. 17, 1945. His address is 1974 San Marco Boulevard, Jacksonville 7. He held the rank of Captain in the Navy.

Dr. Edwin H. Andrews, Gainesville, who entered military service on July 14, 1941, received his discharge on Oct. 2, 1945. He held the rank of Commander.

Dr. T. D. Sandberg, Coral Gables, who entered military service on Aug. 29, 1942, received his discharge on Dec. 26, 1945. His address is 108 Giralda Avenue, Coral Gables. He held the rank of Major.

Dr. F. H. Kauders, Miami, who entered military service in April, 1942, received his discharge on Sept. 1, 1945. His address is 720 duPont Building, Miami 32. He held the rank of Lieutenant in the Navy.

Dr. Orville L. Barks, Sanford, who entered military service on Sept. 2, 1942, received his discharge on Oct. 4, 1945. His address is Sanford Clinic, Sanford. He held the rank of Captain in the Army.

Dr. Joe M. Bosworth, Lakeland, who entered military service on Nov. 25, 1940, received his discharge on Oct. 3, 1945. His address is Marble Arcade, Lakeland. He held the rank of Lieut. Colonel.

Dr. A. Louis Girardin, Ft. Myers, who entered military service on Aug. 21, 1942, received his discharge on Sept. 20, 1945. His address is 212 Richards Building, Ft. Myers. He held the rank of Captain in the Army.

Dr. Douglas D. Martin, Tampa, who entered military service on Sept. 1, 1942, received his discharge on Oct. 5, 1945. His address is 442 West Lafayette Street, Tampa. He held the rank of Commander.

Dr. William P. Farber, St. Petersburg, who entered military service on Sept. 4, 1942, received his discharge on Nov. 6, 1945. His address is 3649 Foster Hill Drive, St. Petersburg. He held the rank of Major.

Dr. Francis T. Holland, Tallahassee, who entered military service on June 6, 1942, received his discharge on Oct. 11, 1945. His address is 1410 Grape Street, Tallahassee. He held the rank of Captain in the Army.

Dr. Thomas R. Purcell, Clearwater, who entered military service on Sept. 2, 1942, received his discharge on Dec. 18, 1945. His address is 908 South Fort Harrison Avenue, Clearwater. He held the rank of Major.

Dr. C. Frank Chunn, Tampa, who entered military service on May 1, 1942, received his discharge on Oct. 8, 1945. His address is Lafayette Arcade, Tampa. He held the rank of Major.

Dr. Joseph S. Stewart, Miami, who entered military service on April 24, 1942, received his discharge on Dec. 16, 1945. His address is duPont Building, Miami 32. He held the rank of Colonel.

Dr. A. H. Weiland, Coral Gables, who entered military service on Dec. 19, 1941, received his discharge on Oct. 16, 1945. His address is 227 Aragon Avenue, Coral Gables. He held the rank of Captain in the Navy.

Dr. Alva J. Floyd, Palmetto, who entered military service on Sept. 9, 1942, received his discharge on Dec. 14, 1945. His address is 908 Riverside Drive, Palmetto. He held the rank of Major.

Dr. Floyd K. Hurt, Jacksonville, who entered military serivce on Oct. 13, 1942, became inactive on Dec. 23, 1945. His address is 418 St. James Building, Jacksonville 2, and he will again be associated with Dr. W. McL. Shaw. He held the rank of Major.

Dr. Hardgrove S. Norris, St. Augustine, who entered military service on July 11, 1942, received his discharge on Dec. 23, 1945. His address is 168 Marine Street, St. Augustine. He held the rank of Captain in the Army.

Dr. Karl R. Whitney, formerly of Daytona Beach, who entered military service on May 15, 1942, received his discharge on Dec. 31, 1945. His address is South Sudbury, Mass. He held the rank of Captain in the Army.

Dr. Leroy H. Oetjen, Leesburg, who entered military service on April 21, 1941, received his discharge on Sept. 29, 1945. He held the rank of Major.

Dr. T. F. McDaniel, Sanford, who entered military service on Feb. 28, 1941, received his discharge on Oct. 25, 1945. His address is 315 Magnolia Avenue, Sanford. He held the rank of Major.

Dr. John M. Kibler, Lakeland, who entered military service on Aug. 31, 1942, received his discharge on Dec. 25, 1945. His address is Marble Arcade Building, Lakeland. He held the rank of Major.

Dr. Councill C. Rudolph, St. Petersburg, who entered military service on April 21, 1942, received his discharge on Dec. 2, 1945. His address is 611 Florida Power Building, St. Petersburg 5. He held the rank of Commander.

Dr. Archie J. Baker, Jacksonville, who entered military service in July, 1942, received his discharge in October, 1945. His address is 2361 St. Johns Avenue, Jacksonville 4. He held the rank of Captain in the Army.

Dr. Milton N. Camp, Ft. Lauderdale, who entered military service on March 10, 1941, received his discharge on Dec. 19, 1945. His address is 720 Sweet Building, Ft. Lauderdale. He held the rank of Major.

Dr. Carl S. Lytle, Ocala, who entered military service on Feb. 1, 1941, received his discharge on Nov. 8, 1945. His address is Box 282, Ocala. He held the rank of Lt. Colonel.

Dr. Irving J. Strumpf, Jacksonville, who entered military service on June 18, 1942, received his discharge on Nov. 15, 1945. His address is 1360 Morvenwood Road, Jacksonville 7. He held the rank of Lieut. Colonel.

Dr. James B. Parramore, Key West, who entered the U. S. Public Health Service on Oct. 9, 1943, received his discharge on Oct. 24, 1945. His address is P. O. Box 326, Key West. He held the rank of Acting Asst. Surgeon, U.S.P.H.S.

Dr. Leslie M. Jenkins, Miami, who entered military service on July 23, 1942, received his discharge on Dec. 6, 1945. His address is 704 Huntington Building, Miami 32. He held the rank of Captain in the Army.

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SEARLE

RESEARCH IN THE SERVICE OF MEDICINE

STATE NEWS ITEMS

Plan to attend the annual convention in Jacksonville, April 22, 23 and 24.

Dr. Shaler Richardson, Jacksonville, attended the annual meeting of the American Ophthalmological Society held at Hot Springs, Va., November 12, 13 and 14.

Dr. Arthur Brill, formerly of Hollywood, announces the opening of his new office at 605 Lincoln Road, Miami Beach, for the practice of dermatology. Dr. Brill spent last summer at the New York Skin and Cancer Hospital.

Dr. Douglas D. Martin, Tampa, recently announced the reopening of his offices at 442 West Lafayette Street. Dr. Martin will limit his practice to pediatrics.

Dr. Ferdinand Richards, Jacksonville, announces the reopening of temporary offices at 1974 San Marco Boulevard. Dr. Richards will limit his practice to gynecology and radiumology.

The American Medical Association and the National Broadcasting Company will soon resume network broadcasts of the dramatized health program which has been on the air consecutively for ten years. This eleventh season the series will be entitled "Doctors at Home." It will be a serial dramatic story dealing with a fictitious but typical American doctor returned from military service to care for his patients, re-establish his community contacts and service his people in curative and preventive medicine.

FOR SALE—Doctor's examining table including pad, and stool—$10. Metal instrument cabinet with three glass shelves—$10. Write 69-6, Box 1018, Jacksonville 1.

FOR SALE—A number of urological and surgical instruments and equipment belonging to the late Dr. T. E. Blackshear. Anyone interested is requested to communicate with Mrs. T. E. Blackshear, 511 North Barcelona Street, Pensacola.

PUBLIC HEALTH DOCTORS NEEDED

Graduates of schools of medicine approved by the A. M. A., who are interested in preventive medicine, are asked to communicate with the Merit System Office in Gainesville for information concerning vacancies with the Florida State Board of Health and County Health Units. Appointments to full-time positions will be made in accordance with Merit System Rules. No permanent appointments are given to physicians who are above the age of 45 upon entering the field of public health. Address Merit System Supervisor, Merit System of the Florida State Board of Health and Crippled Children's Commission, Professional Building, Room 201, Gainesville, Fla.

BIRTHS AND DEATHS

BIRTHS

Dr. and Mrs. John C. O'Dell, Jacksonville, announce the birth of a daughter, Glory Sims, on October 25.

Dr. and Mrs. Wilson T. Sowder, Jacksonville, announce the birth of a son on October 30.

DEATHS—MEMBERS

Dr. William B. Buckner, Jacksonville Beach—Nov. 11, 1945.

Dr. Douglas G. Meighen, Tampa—Dec. 3, 1945.

DEATHS—OTHER DOCTORS

Dr. Arthur W. Smith (Col.), Jacksonville—Feb. 13, 1945.

Dr. Charleton S. Harris, Bay Pines—Nov. 13, 1945.

Dr. Benedict Lust, Tangerine—Sept. 5, 1945.

ROY OSCAR COOLEY

Dr. Roy Oscar Cooley of West Palm Beach died suddenly in Asheville, N. C., Oct. 4, 1945. He was born in Chicago, July 2, 1886, and moved with his parents to upper New York in early childhood. He prepared for college at Union Academy, Belleville, N. Y., and obtained his medical degree from the University of Michigan in 1909. A period of internship followed, after which he began the practice of medicine in West Palm Beach in the year 1913. Except for a period of military service in the Army Medical Corps during World War I, he remained in active practice in West Palm Beach until his death.

Dr. Cooley was associated in practice with Dr. Wilbur O. Arnold from 1925 until the death of Dr. Arnold, only a few weeks prior to his own death. He was actively associated with the Good Samaritan Hospital from the time of its organization; he served as chief of the medical service and for many years was chief of the professional staff. He was also a member of the staff of St. Mary's Hospital.

Dr. Cooley served as secretary and president of the Palm Beach County Medical Society as well as on many committees. During World War

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He was chairman of the Palm Beach County Procurement and Assignment Committee, and his able leadership and sound judgment were responsible in large part for the successful handling of the problem of medical service in his county during the active war period. He was a long time member and a past president of the Rotary Club of West Palm Beach, in which his activities were directed toward the problems of health and athletics for boys in the local high school and the Palm Beach Junior College. He was largely responsible for setting up a sound financial program for high school athletics, contributed generously to these activities and in his will made further provision for continuance of the activities which he so ably directed during his lifetime.

His loss will be deeply felt by his many friends and by the institutions that he served so faithfully and so long.

WILLIAM THEODORE LANGLEY

Dr. W. T. Langley of Sanford died at his home on September 11.

Born on June 18, 1876, in Camp Hill, Ala., he attended the medical school of the University of Alabama, from which he was graduated in 1899. He returned to Camp Hill where he practiced medicine for eighteen years prior to entering World War I.

During the first World War he served overseas as a captain with the Army of Occupation in Coblenz, Germany, for one year and was with Evacuation Hospital 16. He came to Sanford following his tour of duty with the Army.

Dr. Langley was prominent in the civic and fraternal activities of Sanford, acting at various times as city and county physician. He was a member of the Seminole County Medical Society, an Honorary Member of the Florida Medical Association, a member of the American Medical Association, the Elks Club, the Knights of Pythias, the Masons, the American Legion and the Veterans of Foreign Wars.

He is survived by his widow and one daughter, Margaret; a sister, Mrs. W. M. Conine of Camp Hill, Ala.; two brothers, John J. Langley of Camp Hill, and F. B. Langley of Savannah, Ga.

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COMPONENT COUNTY SOCIETIES

DADE

At the November meeting of this society, held on the evening of the 6th at the new nurses' home of the Jackson Memorial Hospital, Dr. George Ferre' presented a paper on "Postoperative Care with Special Reference to Early Ambulation." Motion pictures were shown by Dr. Herbert Virgin.

DESOTO-HARDEE-HIGHLANDS-CHARLOTTE-GLADES

This society held a banquet and reorganization meeting at the Taylor Hotel, Wauchula, on Tuesday evening, November 13, when the following officers were elected: president, Dr. L. W. Martin, Sebring; vice president, Dr. G. F. Highsmith, Arcadia; secretary-treasurer, Dr. C. H. Kirkpatrick, Arcadia. Drs. A. A. Poucher and H. V. Weems were named delegates to the next meeting of the State Association, with Drs. W. S. Pyatt and H. P. Bevis named alternates.

Owing to travel restrictions, no regular meetings of this society were held during the war. The members now plan to meet at regular intervals and the fact that this society is the first in the state to pay 100% of its membership dues for 1946 augurs of success in all its undertakings.

DUVAL

The annual meeting of the Duval County Medical Society was held Tuesday evening, December 4, at the Seminole Hotel, Jacksonville. Dr. F. L. Fort was installed as president, and the following officers were elected: president-elect, Dr. L. S. Laffitte; vice president, Dr. B. H. Goodale; secretary, Dr. L. M. Wachtel, and treasurer, Dr. F. K. Hurt.

The following resolutions, with respect to the death of Dr. Gerry R. Holden, were passed by the society at its meeting in October:

MEMORIAL RESOLUTIONS FOR DR. GERRY ROUNDS HOLDEN

WHEREAS, Dr. Gerry Rounds Holden was born Sept. 12th, 1874, at Concord, New Hampshire, and died in his seventy-first year at Jacksonville, Florida, on July 21st, 1945, and

WHEREAS, he received the degree of Bachelor of Arts at Yale University in 1897 and Doctor of Medicine at Johns Hopkins Medical School in 1901, served his internship at Roosevelt Hospital in New York City and then spent one year abroad, chiefly in Berlin, perfecting himself in his chosen calling, and

WHEREAS, he located in Jacksonville in 1905 and continuously thereafter practiced the specialty of Gynecology in this city, devoting forty years of active service to the people of this community, and

WHEREAS, Dr. Holden, by precept and practice, de-

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voted a lifetime to notable humanitarian service in the medical profession and became nationally known for his advancement of the specialty of Gynecology, pioneering in the therapeutic use of radium, and

Whereas, by his devotion, his modesty and his lofty ideals, he brought great honor and respect not only to his distinguished name and that of his family, but also the medical profession and to this Society,

Now Therefore, Be It Resolved that the members of the Duval Medical Society at its regular stated meeting assembled on the 2nd day of October, 1945, extend to Mrs. Anne M. Holden, the widow of Dr. Gerry Rounds Holden, and to the other members of his family our heartfelt condolence and deepest sympathy in the loss of their loved one.

Be It Further Resolved that the chairman of the Fraternal Relations Committee send a copy of these resolutions to the family of Dr. Gerry Rounds Holden, and also to the American Medical Association, the Southern Medical and Surgical Association, the Florida Medical Association, the American College of Surgeons, the Southeastern Surgical Congress and the South Atlantic Association of Obstetricians and Gynecologists, and that a true copy of these resolutions be spread on the minutes of this Society.

Adopted unanimously this 2nd day of October, 1945.
Duval County Medical Society.

PASCO-HERNANDO-CITRUS

The regular meeting of this society was held on November 8 at the Magnolia Lodge in Crystal River, with Dr. W. B. Moon acting as host; a fish and oyster dinner was served. Several interesting cases were reported, after which a general discussion was entered into by those present: Drs. G. R. Creekmore, S. C. Harvard, W. Wardlaw Jones, W. B. Moon, W. H. Walters, and Captain J. D. Helm, the invited guest.

The next meeting of the society will be held with Dr. W. H. Walters on December 13 at Lacoochee.

PINELLAS

Dr. R. K. O'Brien was host and moderator at a round table assembly held by the members of this society on the evening of November 16. The subject under discussion was "Management of the Aged (Probable) Patient."

At a dinner meeting held by the society at the Shrine Club on December 7, Dr. F. C. Metzger of Tampa presented a paper on "Treatment of the Allergic Patient."

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Mrs. Laurie J. Arnold, Jr., District "A"....*Lake City*
Mrs. J. H. Owens, District "B".....*Jacksonville*
Mrs. James C. Griffin, District "C".....*Tampa*
Mrs. Leigh F. Robinson, District "D"...*Ft. Lauderdale*

FALL BOARD MEETING

The fall meeting of the Board of the Woman's Auxiliary to the Florida Medical Association was held in Gainesville, October 31. The Alachua County Auxiliary was hostess.

The program opened with a luncheon in the home of Mrs. D. T. Smith, 1436 Alabama Street. The invocation was offered by Mrs. James McClamroch. Mrs. S. M. Copeland of Jacksonville introduced the following officers of the State Auxiliary who were in attendance: Mrs. W. C. Williams, West Palm Beach, president; Mrs. John E. Maines, Jr., second vice president, Gainesville; Mrs. C. D. Rollins, Jacksonville, secretary-treasurer; Mrs. F. W. Krueger, Jacksonville, parliamentarian.

The distinguished guest speaker, Mrs. Neil Alford of Jacksonville, National Democratic Committeewoman, was introduced by Mrs .Copeland. Mrs. Alford chose for her subject, "Tasks Ahead for Women," and her talk was both enlightening and comprehensive. She emphasized the fact that if we are to travel safely on improved highways to world peace, our citizens must be trained in the ways of peace through educational and intellectual cooperation. Mrs. Alford said the woman of today and tomorrow will be expected to assume successfully a complicated role in the postwar world. She must uphold the cultural idea of the home so that all American children can have equal educationl opportunities. The need today is for more qualified leaders, more women to take an active part in public life. The American woman, who is often



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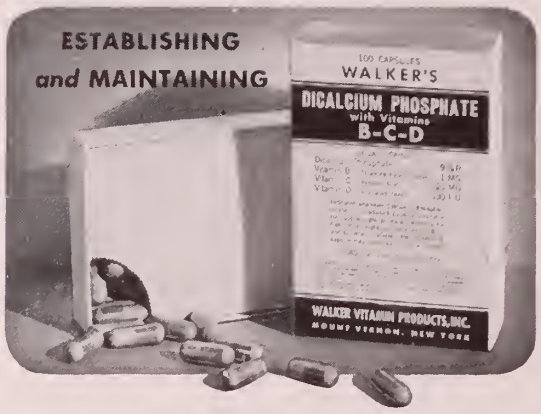
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The business session followed immediately with the state president, Mrs. Williams, presiding. Dr. and Mrs. Stewart G. Thompson of Jacksonville were introduced as special guests.

Dr. Thompson gave a brief but clear picture of the way in which members of the Auxiliary are to go about soliciting advertisements for the Florida Medical Directory, which activity they have adopted as a state-wide project. He emphasized the importance of starting early in order to reach more people and to insure each county auxiliary a worth while profit which, in turn, will be used toward the scholarship fund at the University of Florida, sponsored by the State Auxiliary.

Reports from officers and committee chairmen were heard at this time and a budget for 1945-1946 was adopted. Mrs. Williams urged members to get in contact with the wives of all returned medical officers and invite them to renew their memberships in the Auxiliary. She expressed the hope that in the near future more auxiliaries could be organized and a more general interest manifested in Auxiliary activities throughout the state. Mrs. F. W. Krueger urged members to continue their interest in Red Cross work and to support the Victory Bond drive.

The program was concluded with a delightful tea given by Mrs. Maines in her home on West Boulevard. Beautiful floral arrangements decorated the living room; the tea table was centered with a bowl of yellow pom pom chrysanthemums, flanked by tall yellow candles. Mrs. W. C. Thomas poured and was assisted by Mrs. Edwin H. Andrews and Mrs. McClamroch in extending a cordial welcome to those present.

Attending the Board meeting from out of town were Mrs. Williams, West Palm Beach; Mrs. Jenkins, Miami; Mrs. Tillis, Lakeland; Mrs. Alford, Mrs. Copeland, Mrs. Rollins, Mrs. Owens, Mrs. Krueger, Dr. and Mrs. Thompson, Jacksonville, and Mrs. Murphy, Bartow.

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	SOCIETY	PRESIDENT	SECRETARY	MEETING DATE	MEMBERS Total	MEMBERS Paid	COUNCILOR
A	Bay	Don S. Fraser, M.D. 456 Grace Ave. Panama City	J. O. Barfield, M.D. County Health Unit Panama City		12	4	
A	Escambia *Santa Rosa*	Thurlow W. Reed, M.D. County Health Unit Pensacola	Lee Sharp, M.D. 24 W. Chase St. Pensacola	2nd Tuesday 8:00 P.M.	48	14	A-1-46 C. D. Whitaker, M.D. Marianna
A	Franklin-Gulf	T. Meriwether, M.D. Wewahitchka	J. R. Norton, M.D. Port St. Joe	3rd Tuesday Odd Months	6		
A	Jackson *Calhoun*	D. A. McKinnon, M.D. Marianna	C. A. Adams, Jr., M.D. Marianna	2nd Tuesday 7:30 P.M.	12	2	
A	Walton-Okaloosa	E. L. Huggins, M.D. DeFuniak Springs	A. G. Williams, M.D. Lakewood	3rd Thursday 8:00 P.M.	6		
A	Washington-Holmes	N. J. Dawkins, M.D. Vernon	B. W. Dalton, M.D. Vernon		6		
A	Columbia *Baker, Hamilton*	William S. Nichols, M.D. Lake City Pharm. Bldg. Lake City	Thomas H. Bates, M.D. Blanche Hotel Annex Lake City	1st Monday 7:30 P.M.	14	1	
A	Leon-Gadsden-Liberty-Wakulla-Jefferson	John L. Williams, M.D. Tallahassee	G. H. Garmany, M.D. Midyette-Moor Bldg. Tallahassee	Quarterly 8:00 P.M.	38	10	A-2-47 G. Wilmont Brown, M.D. Tallahassee
A	Madison-Suwannee	Eustace Long, M.D. Madison	E. D. Thorpe, M.D. Madison		10	3	
A	Taylor *Dixie, Lafayette*	W. J. Baker, M.D. Foley	C. A. O'Quinn, M.D. Perry	Last Friday 8:00 P.M.	4		
B	Alachua *Bradford, Gilchrist, Union*	H. M. Merchant, M.D. 106 W. Main St., S. Gainesville	Stuart D. Scott, M.D. Gainesville	2nd Wednesday 7:30 P.M.	27	6	
B	Duval *Clay*	F. L. Fort, M.D. 201 Medical Arts Bldg. Jacksonville 4	Leo M. Wachtel, M.D. 352 St. James Bldg. Jacksonville 2	1st Tuesday 8:15 P.M.	200	59	B-3-46 L. Y. Dyrenforth, M.D. Jacksonville
B	Marion *Levy*	C. W. Mimms, M.D. Commercial Bank Bldg. Ocala	B. F. Drake, M.D. Professional Bldg. Ocala	3rd Wednesday 12:30 P.M.	25	7	
B	Nassau	D. G. Humphreys, M.D. Fernandina	John W. McClane, M.D. Fernandina	2nd Wednesday 8:00 P.M.	6		
B	Putnam	E. W. Ford, M.D. Crescent City	B. E. Kane, M.D. Crescent City	2nd Tuesday Even Months 7:00 P.M.	9	2	
B	St. Johns	Charles C. Grace, M.D. East Coast Hospital St. Augustine	Donald T. Rankin, M.D. East Coast Hospital St. Augustine	3rd Tuesday 8:30 P.M.	12	3	
B	Brevard	A. F. Thomas, M.D. 416 Brevard Ave. Cocoa	I. K. Hicks, M.D. Melbourne	3rd Wednesday	11	3	
B	Lake *Sumter*	H. S. Cherry, M.D. Center Hill	R. H. Williams, M.D. Eustis	1st Thursday 12:30 P.M.	16	3	B-4-47 C. McK. Tyre, M.D. Eustis
B	Orange *Osceola*	Roland T. White, M.D. 211 S. Rosalind Ave. Orlando	Albert C. Kirk, M.D. 823 E. Colonial Dr. Orlando	3rd Wednesday 8:00 P.M.	97	29	
B	Seminole	James A. Smith, M.D. 112 W. 20th St. Sanford	Leland H. Dame, M.D. Co. Health Unit Sanford	2nd Tuesday 5:30 P.M.	12	1	
B	Volusia *Flagler*	Geo. M. Green, M.D. Medical Bldg. Daytona Beach	R. L. Miller, M.D. 258½ S. Beach St. Daytona Beach	2nd Tuesday 7:30 P.M.	42	14	
C	Hillsborough	C. W. Bartlett, M.D. 310 1st Natl. Bk. Bldg. Tampa 2	H. G. Cole, M.D. 520 Citizens Bldg. Tampa 2	1st Tuesday 8:00 P.M.	116	31	
C	Manatee	M. M. Harrison, M.D. Professional Bldg. Bradenton	L. W. Blake, M.D. Box 318 Bradenton	3rd Tuesday 7:00 P.M.	12	2	C-5-47 W. Wardlaw Jones, M.D. Dade City
C	Pasco-Hernando-Citrus	William B. Moon, M.D. Crystal River	G. R. Creekmore, M.D. Brooksville	2nd Thursday 7:00 P.M.	11	1	
C	Pinellas	A. M. Feaster, M.D. 166 4th Ave., N.E. St. Petersburg 4	W. C. McConnell, M.D. 313 First Federal Bldg. St. Petersburg 4	1st and 3rd Fridays 6:30 P.M.	109	76	
C	Sarasota	Frank L. Hall, M.D. 252 Arlington Ave. Sarasota	J. M. Butcher, M.D. 209 Commercial Court Sarasota	2nd Tuesday 8:30 P.M.	20	7	
C	DeSoto-Hardee-Highlands-Charlotte-Glades	L. W. Martin, M.D. Sebring	C. H. Kirkpatrick, M.D. Box 389 Arcadia	Annually for Duration	19	100%	
C	Lee *Collier, Hendry*	C. G. Merrick, M.D. 26 Leon Bldg. Fort Myers	W. A. Harrison, M.D. 1029 First St. Fort Myers	3rd Tuesday 7:30 P.M.	19	4	C-6-46 Edgar Watson, M.D. Lakeland
C	Polk	T. H. Roberts, M.D. Box 425 Lakeland	Edgar Watson, M.D. Box 1021 Lakeland	2nd Wednesday 1:00 P.M.	63	8	
D	Palm Beach	Edgar W. Stephens, M.D. 910 Harvey Bldg. W. Palm Beach	David W. Martin, M.D. 618 Comeau Bldg. W. Palm Beach	4th Monday 8:00 P.M.	67	14	D-7-46 William Y. Sayad, M.D. West Palm Beach
D	St. Lucie-Okeechobee-Indian River-Martin	L. L. Whiddon, M.D. 139 N. 4th St. Ft. Pierce	Adrian M. Sample, M.D. Box 176 Ft. Pierce	3rd Thursday 8:00 P.M.	16	4	
D	Broward	Roland F. Fisher, M.D. 720 Sweet Bldg. Ft. Lauderdale	O. C. Brown, M.D. 915 Sweet Bldg. Fort Lauderdale	4th Tuesday 8:00 P.M.	49	9	
D	Dade	Scheffel Wright, M.D. 605 duPont Building Miami 32	George C. Austin, M.D. 140 N. W. 59th St. Miami 38	1st Tuesday 8:30 P.M.	353	109	D-8-47 E. M. Hendricks, M.D. Ft. Lauderdale
D	Monroe	James B. Parramore, M.D. 523 Whitehead St. Key West	William G. Page, M.D. Box 428 Key West	1st Sunday 9:00 P.M.	8	1	

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SCHEDULE OF MEETINGS

ORGANIZATION	PRESIDENT	SECRETARY	ANNUAL MEETING
Florida Medical Association	John R. Boling, Tampa	Robert B. McIver, Jacksonville	Jax., Apr. 22, 23, 24, 1946
Florida Medical Districts:			
A—Northwest	Courtland D. Whitaker, Marianna	Stewart Thompson, Jacksonville	Pensacola, 1946
B—Northeast	L. Y. Dyrenforth, Jacksonville	" " "	Gainesville, 1946
C—Southwest	Edgar Watson, Lakeland	" " "	St. Petersburg, 1946
D—Southeast	William Y. Sayad, W. Palm Beach	" " "	Ft. Lauderdale, 1946
American Medical Association	Herman L. Kretschmer, Chicago	Olin West, Chicago	San Francisco, July 1-5, 1946
Southern Medical Association	E. Vernon Mastin, St. Louis	Mr. C. P. Loranz, Birmingham	
Alabama Medical Association	Walter F. Scott, Birmingham	D. L. Cannon, Montgomery	
Georgia, Medical Assn. of	Cleveland Thompson, Millen, Ga.	E. D. Shanks, Atlanta	Macon, Canceled
Florida—			
Section, Am. College Phys.	Meredith Mallory, Orlando	Rollin D. Thompson, Orlando	Jacksonville, Canceled
Basic Science Exam. Board	M. W. Emmel, D.V.M., Gainesville	J. F. Conn, Ph.D., DeLand	June, 1946
Dental Society, State	W. P. Wood, D.D.S., Tampa	A. J. Fillastre, D.D.S., Lakeland	
Derm. and Syph., Soc. of	J. Frank Wilson, Jacksonville	Wesley W. Wilson, Tampa	Jacksonville, Apr. 22, 1946
East Coast Medical Association	T. C. Kenaston, Cocoa	I. M. Hay, Melbourne	Postponed
Hospital Association	Gertrude Overstreet, Gainesville	Mr. H. A. Cross, Jacksonville	Miami, May, 1946
Hospital Service Corporation	Mr. W. E. Arnold, Jacksonville	Mr. H. A. Cross, Jacksonville	
Industrial Surgeons, Assn. of	Kenneth A. Morris, Jacksonville	A. M. Bidwell, Tampa	Jacksonville, Apr. 22, 1946
Medical Examining Board	J. B. Kollar, Vero Beach	H. D. Van Schaick, Miami	Jacksonville, June, 1946
Medical Postgraduate Course	Turner Z. Cason, Jacksonville	Chairman	
Nurses Association, State	Mrs. C. Lindabury, Miami Beach		
Ophthal. & Otol., Soc. of	C. E. Dunaway, Miami	Wm. Y. Sayad, West Palm Beach	Jacksonville, Apr. 22, 1946
Pathological Society	L. Y. Dyrenforth, Jacksonville	Iva C. Youmans, Miami	Jacksonville, Apr. 22, 1946
Pediatric Society	Ludo von Meysenbug, Daytona B.	Robert Blessing, Ft. Lauderdale	Jacksonville, Apr. 22, 1946
Pharmaceutical Association, State	Mr. H. B. Douglas, Bonifay	Mr. R. Q. Richards, Ft. Myers	Miami, Postponed
Public Health Association	George A. Dame, M. D., Jacksonvill	E. M. L'Engle, Jacksonville	
Radiological Society	John A. Pines, Orlando	James F. Pitman, Lake City	Jacksonville, Apr. 21-22, 1946
Railway Surgeons' Association	Frank D. Gray, Orlando	W. C. Page, Cocoa	Postponed for Duration
Tuberculosis & Health Assn.	Mrs. Alexander Blair, Lake Placid	Mrs. May Pynchon, Jacksonville	
Chattahoochee Valley Med. Assn.	Herbert E. White, St. Augustine	Robert B. McIver, Jacksonville	Postponed
Gulf Coast Clinical Society	G. G. Oswalt, Mobile, Ala.	C. L. Rutherford, Mobile, Ala.	Postponed
S.E. Sec., Am. Cong. Phys. Ther.	John J. McGuire, Pensacola	Kenneth Phillips, Miami	Jacksonville, Apr. 22, 1946
Southeastern Surgical Congress	Alton Ochsner, New Orleans	B. T. Beasley, Atlanta	Memphis, Mar. 11-13, 1946
Suwannee River Medical Society	L. J. Arnold, Jr., Lake City	H. S. Howell, Lake City	



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DURING the recent past, numerous investigations have shown that penicillin is the treatment of choice in the pneumonias (pneumococcic, streptococcic, staphylococcic).* Penicillin is virtually nontoxic, even in the massive dosages at times required. Its efficacy apparently is the same against sulfonamide-resistant and nonresistant organisms of the groups named. Even in advanced stages of the disease, in the presence of serious complications, penicillin usually proves a life-saving measure.

Since penicillin has become available in quantities that may well be adequate for all needs, it merits being the physician's first thought with every pneumonia patient.

*Stainsby, W. J.; Foss, H. L., and Drumheller, J. F.: Clinical Experiences with Penicillin, Pennsylvania M. J. 48:119 (Nov.) 1944.

McBryde, A.: Hemolytic Staphylococcus Pneumonia in Early Infancy; Response to Penicillin Therapy, Am. J. Dis. Child. 68:271 (Oct.) 1944.

Stainsby, W. J., Chairman, Commission for the Study of Pneumonia Control of the Medical Society of the State of Pennsylvania: Up-to-Date Facts on Pneumonia, Pennsylvania M. J. 48:266 (Dec.) 1944.

Larsen, N. P.: Observations with Penicillin, Hawaii M. J. 3:272 (July-Aug.) 1944.

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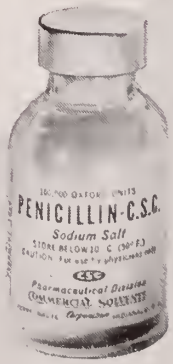
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*R. H. Follis, D. Jackson, M. M. Eliot, and E. A. Park: Prevalence of rickets in children between two and fourteen years of age, Am. J. Dis. Child. 66:1-11, July 1943.

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The JOURNAL of the Florida Medical Association, Inc.

Vol. XXXII FEBRUARY, 1946 No. 8

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FEB 19 1946

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Jess Victor Cohn

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From My Point Of View
Frank C. Metzger

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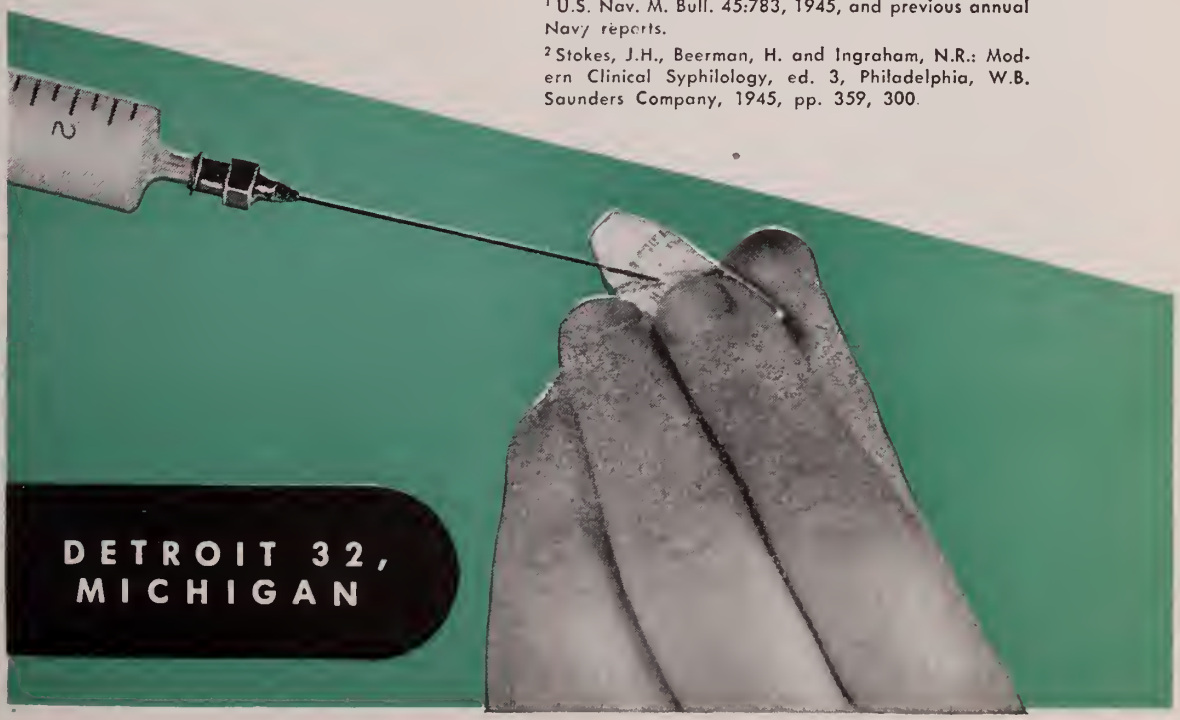
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[1] U.S. Nav. M. Bull. 45:783, 1945, and previous annual Navy reports.

[2] Stokes, J.H., Beerman, H. and Ingraham, N.R.: Modern Clinical Syphilology, ed. 3, Philadelphia, W.B. Saunders Company, 1945, pp. 359, 300.



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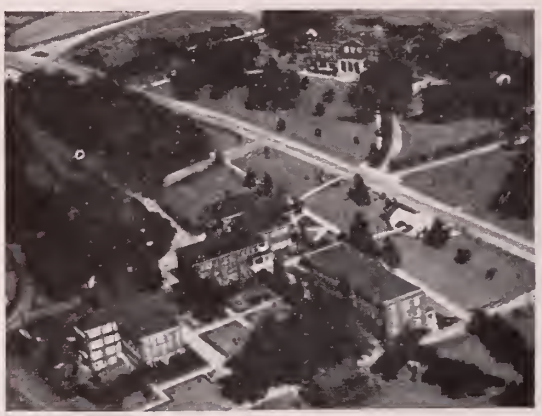
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1. Mason, L. W.: Am. J. Obst. & Gynec. 44:630, 1942.
2. Soule, S. D.: Am. J. Obst. & Gynec. 42:1009, 1941.

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*N. Y. State Journ. Med. 35 No. 11,590
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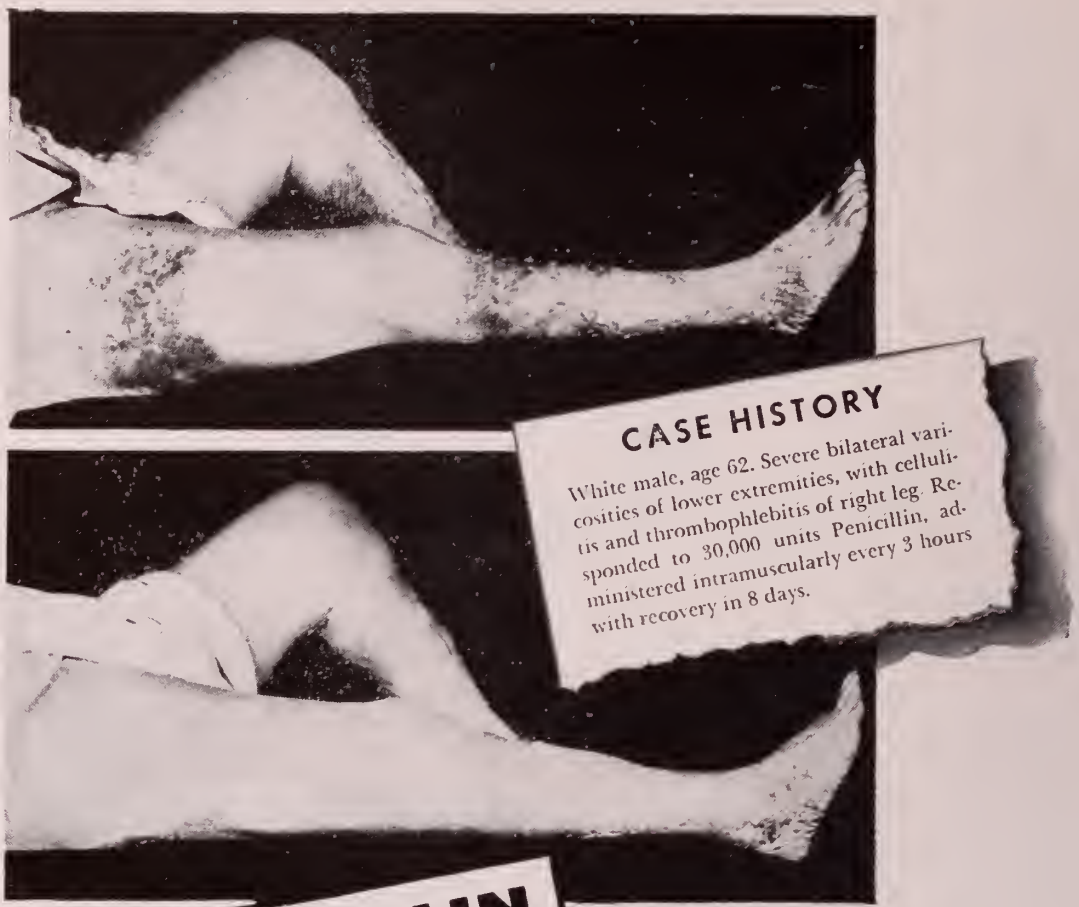


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*Keefer C. S. et al.: New Dosage Forms of Penicillin, J.A.M.A. 128: 1161 (Aug. 18) 1945.

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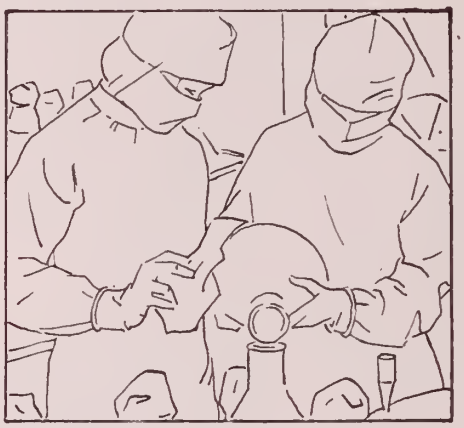


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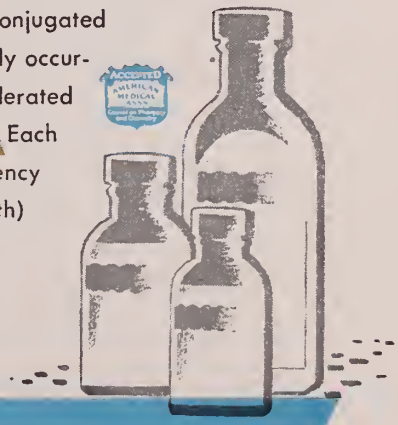
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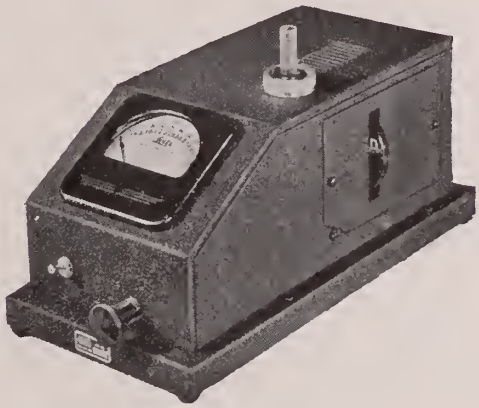
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FEW PHYSICIANS can define with any degree of certainty the unaccountable impulse that eventually led to the study of medicine. If they were to reach far back into the dusty recesses of memory, they could perhaps recall a time when mother, or sister, or brother was ill and the doctor came to call. They could remember the intriguing instruments which he carried, but more vividly, how fear and apprehension were dissipated with his comforting assurance. From the shadow of such an experience came many physicians of today.

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THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION
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THE PSYCHOSOMATIC MATRIX

JESS VICTOR COHN, M. D.
MIAMI BEACH

It is altogether fitting during these times, that the concept of psychosomatic medicine be revived. I say revived because that is just what it is. Not only since the days of Hippocrates, but since days that far antedated him, the physician has been known as a practitioner of the healing art, as the minister to the sick, as the counsellor to the distressed. Until relatively recently, when the family doctor became a person to be talked about as more or less of a has-been instead of the living, loved, guiding, overall physician, he enjoyed a position of great respect and envy as one of the peoples' greatest friends. During the present interval, which members of the profession today choose to call the modern period in the history of medicine, the general practitioner or family physician, who was at once doctor and advisor, internist and psychiatrist, gastroenterologist and cardiologist has become dissected into the specialists representing the various departments of medical practice as we know them today.

The cumulative demands, as represented in the accelerated accumulation of medical research and information, have occasioned the inevitable arborizations of the various specialties from the original general medical trunk, as they exist today in their most refined colors. The intensity and breadth of the individual specializations, distinctly necessary as they are in the optimal care of the sick, have led us somewhat away from the perspective that identifies the patient as a sick organism, as a person who is sick, irrespective of the isolable organ or system that would seem to attract the most focal attention. Like a resilient twine which has wound itself into its ultimate ball, and from which the confining tension has been released, the medical profession at large and as a whole has begun to uncoil into a better than ever understanding of the patient as a whole. We are enjoying a revival of this concept and practice, and have applied thereto the name "psychosomatic medicine," as a "new" field of medical endeavor. It is as "new" as the history of our profession; but it is nevertheless the most wholesome refinement in the profession at this time, what with the great wealth of experimental, factual and experiential data in our possession today. It is time that we bowed anew to the sparkling expressions that "a good internist is a good ophthalmologist" and that "a good gastroenterologist is a good psychiatrist," for an understanding of the body's functions in health and disease is an understanding of the body's totality and of the body's owner.

Let us peep momentarily into the adventure that is characterized by the arrival of a new patient at the consultation office of the interested practitioner. The physician has begun to appraise his patient as greetings are exchanged. He already knows the patient's name (and has conjured the nationality, origin and type), his age and probably his marital status. His general appearance and behavior are also noted, his facial and bodily expression, the condition of his hair and clothing, his postures, gestures, degree of rapport, and the speed and amount of his activity. These are quickly judged, even before another word has been spoken, and as physician and patient are settling into the adventure of diagnosis. Irrespective of his patient's complaints, the physician already has valuable information in hand, for he understands that he has before him a person, or personality, who is sick, not only in somatic frame but also in relationship to his inclusive environment as well as to himself.

As the usual classical history taking proceeds, the examiner is noting his patient's mood, his worries, his occupational leanings, his general intelligence, his kinetic qualities and his personality traits. Not only does the examiner ascertain relevant historical data, but he also observes how the patient has been reacting to these data, as, for example, the history of the menarche and menstrual waves, and the emotional qualities and quantities associated with them. He knows that the menopause requires his consideration of factors accessory to the diminution and cessation of ovarian functions. He knows that the demonstration of a peptic ulcer requires his management of the patient far beyond the mere administration of diet, alkalies and antispasmodics. He knows that the child at puberty

Read before the Dade County Medical Society, Miami, June 5, 1945.

who is vexing his mother with physiologic change demands a management much wider than the treatment directed at the acne form eruption. His work is that of a physician. He knows it. He pursues it. He enjoys it.

We know in general what the factors are in the overall management of the patient. We are dealing with an integration of personality values and pathologic physiology. We are dealing with a reversible cause and effect relationship, reversible in so far as effect can itself then become cause. The cyclic character of this relationship defines the inseparability of these factors. When we are interested in a patient's medical history, we are interested in his personality history. When we appraise a patient's complaints in the light of the physical and laboratory findings, we are appraising a cross section of that personality whole at that particular instant. We are cognizant of the dynamics and end results of the life conditionings that molded and led to the personality values that present. We are able to understand them, and we are able intelligently to manage them, the disturbed processes which eventuated in the solicitations of the patient for assistance. We see the parade of the inherited instincts, as they are colored by the particular life conditionings of each person who presents himself as a patient, as a biologic unit; we see the sublimations and fixations of those emotional heritancies; we see the frustrations, projections, introjections and rationalizations; we identify the resistancies; we ponder the concept of the pleasure-pain principle of living; in short, we see the dynamic representations of the essential driving forces of personality development in the normal and abnormal physiology of our patients.

We are all familiar with the influence of mental attitude and emotional states in the visceral expressions that we see as asthma, urticaria, angioneurotic edema, effort syndrome or anxiety state, spastic constipation, mucus colitis, gastric hyperacidity, pylorospasm, paroxysmal tachycardia, angiospasm, pseudocollapse, impotency, ejaculatio praecox and other conditions. The different patterns of somatic expressions of personality deviations from the accepted normal depend on the constitutional endowment of each patient, and on the great host of emotional experiences and reactions that the patient has gathered in his own way through life. How symptoms of disease processes can show themselves in disturbed physiology and abnormal morphology, as the result of psychic influences, depends on the summation of the life experiences peculiar to the individual patient and represents the end result (to date) of the given personality's management of the living conflicts, as demonstrated in the following series of diagrams. The essential factors are the balance and/or imbalance between inherent biologic wishes, on the one hand, and abilities to sublimate instinctive tendencies satisfactory to society's acceptance, on the other hand.

Figure 1

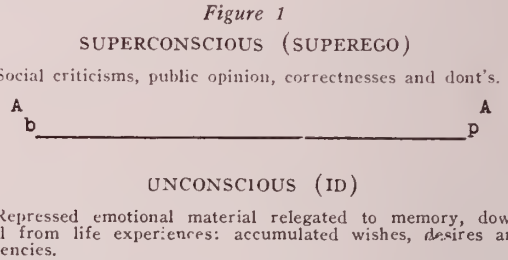


Figure 1 represents a crude expression of the level of consciousness, A, from birth, b, to the present day, p; it is displayed as a continuous stream of conscious experiences, or a very rapid succession of dots, each dot representing another instant in life Above this level is that of the Superconscious, which contains all the factors in social relationships that command our respect as civilized persons. Below the level of consciousness is the huge Unconscious, in which is the accumulated host of wishes, desires, ambitions and the like, that for some reason have not received expression some time during life to date and have been repressed into the active or forgotten memory. Groups of related repressed emotional material are known as complexes; so the Unconscious may then be visualized as consisting of groups of individual complexes of varying intensities and varying depths of repression, as diagrammed in figure 2.

Figure 2

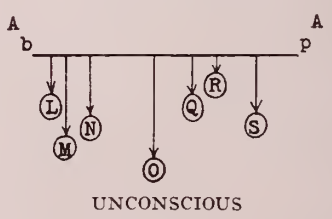
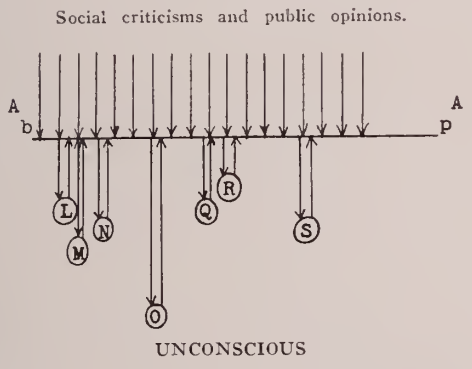


Figure 2 represents the descent into the Unconscious, from different age levels and to vary-

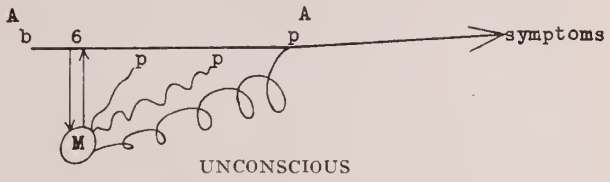
ing depths, of the complexes, where they remain until again recognized by the conscious mind. In other words, these complexes must not be regarded as static in character, but most dynamic in the restlessness of the repressed material, the complexes constantly seeking expression and recognition by the Ego (Consciousness), and constantly or inconstantly (depending on the relative strength of the Superconscious at that instant) being either re-repressed into the Unconscious, or finally manifesting their presence in one way or another While this diagram represents the descent of emotional material into the Unconscious, the diagram in figure 3 shows the flowing character of the process

Figure 3



We see in figure 3 that while there is more or less constant repression of emotional material into the Unconscious, there is also a more or less constant attempt on the part of these repressions to thrust themselves at any cost (instincts?) back to the level of consciousness; at the same time, there is a constant bombardment on the Ego, or level of consciousness, and from above, by the contents of the Superego, the contents that dictate the limitations of instinctive tendencies. Thus we see that the level of consciousness, the level of wakeful, realistic life, must needs be a relationship of a very plastic nature. L, M, N, Q, R and S, representing different complexes at different ages of repression, always retain their own identities in the Unconscious; but as time goes on, as the various complexes become older in the Unconscious, and as the time for their expressions at the conscious level becomes longer, so do the distortions of the character of the individual complexes become more crooked and bizarre, and less to be identified in the true, original color, as shown in figure 4.

Figure 4



Let us assume that at the age of 6 the patient feels an instinctive urge, but because of the limitations of its expression overtly at that time, imposed by the dictates of socialized living, it is automatically repressed into the Unconscious and becomes, for that wish, an unconsciously remembered, prohibited desire. There it remains at apparent sleep; but at intervals that mark the present for that particular time, as life goes on (p, p, p in fig. 4), the complex, M, strives for recognition. Re-repression occurs, and at each subsequent attempt the original complex of associated emotional material becomes increasingly distorted until, as happens, its original character is changed; and, as happens, when finally allowed some kind of expression, it is not recognized at all as the original emotion group. If an adequate sublimation occurs, which of necessity must take place before too great a distortion has ensued, that is, if an adequate compromise can be reached between the major opposing forces (Superconscious and Unconscious), then the Ego is satisfied, the repressed complex is dissipated, and life goes on uneventfully as regards that one of innumerable difficult situations. If, on the other hand, there remains a conflict between the major opposing forces even up to the time of final expression of an already severely distorted complex, then the distortion is manifested at the conscious level in symptoms of disease, either conversion in type (psychosomatic), or relating to the higher, more complex, more difficult type of psychopathy, bordering on the psychasthenic phobias, obsessions and compulsions. The foregoing is the simplest possible psychodynamic presentation, just as the three neurone reflex arc is the simplest of the most complex of organic functions.

Management of the patient suffering from a psychosomatic syndrome involves, as mentioned previously, not only the best possible attention to the presenting somatic syndrome, but the application of psychotherapeutic principles as well. When we speak of psychotherapy, we refer

to the exercise of the phenomena of suggestion (primary in the production of hypnosis), persuasion, re-education, diffusion of complaint, and the possible removal of physical abnormalities that may themselves be accentuating the neurosis. With persuasion we appeal to the logic and comprehensive reason of the patient. If this is enough, the need for the physician's guidance is ended, as, for instance, in the case of the medical student who suffered from the false idea that he had diabetes, but who had a sufficient receptivity to persuasion to be argued with and demonstrated to, with satisfactory results. It must be comprehensively understood that while only one of the psychotherapeutic agents may be the principal aggressive instrument, the management of the patient in the broadest sense is a complex undertaking, with the orderly and judicious choice of usually all of these agents in the pluralistic approach to the dissolution of the conflicts responsible.

Suggestion is probably the most dynamic of the instruments of psychotherapy. It is used constantly in everyday practice of every sort. When it is indicated specifically in a patient suffering from neurosis, particularly of the conversion (physical hysterical) type, it is used in every variation of intensity, from an ordinary remark, judiciously made, to the deepest of hypnotic value. Irrespective of the depth of suggestion, except perhaps in the cases of unusually deep hypnosis, suggestion itself is merely the stab at the deeper causative value in the personality that is really responsible for the neurosis. It is one of the most useful instruments in our attempts at objectively uncovering some of the resistant surface material and getting at the focal, hopefully vulnerable point.

By re-education is meant essentially a balancing of the emotional and intellectual components of mentation, the creation of tolerance, the completion of incomplete education along relevant lines, the sublimation of fixated infantile and childhood emotions, and the like. It represents the maturation of primitive, or instinctive, tendencies, or the reconstruction in the adult mind, of false impressions hung over from the earlier years of life, at which time they could not have been properly evaluated. Seen maturely by the adult, these earlier impressions, recognized then as false, are brought up to date, so to speak, with the automatic removal of the tormenting wonders, mysteriousnesses and inferiorities that have been clouding the neurotic person's otherwise clear living. Par excellence, as one delves into the active therapy of the neuroses, this effort at re-education means the realization of human values, human limitations and human ambitious, and the fitting of individual human pieces into the entity of civilized society. Active socialization, to demonstrate to the affected that the peculiarities that he thinks are peculiar to him alone are not at all his own characteristics, but that his wonders and frustrations are common to people in general, is the most important single instrument in the great scheme of re-education.

If we grant that neurosis develops as the result of infantile and childhood behavior patterning (or complex organization in the Unconscious), precipitated into overt symptomatic expression by some exciting force, or psychic trauma, then we logically deduce that re-education consists of reliving the most formative years of life, beginning with the earliest impressions. We cannot give rebirth to neurotics. We can, however, and wisely, recommend processes that will result in identification with personally identified, growing humanity, so that the patients will, by that identification, be living over again their own early years and subtly adding thereby the deficiencies that might be marking the emptiness of their own childhood lives, or simplifying some of the complexities of their overfilled early years that were characterized by misguidance and multiple overwhelming mental traumas.

One of the most important functions of the psychosomatic therapist is the lengthening of "short term values" of life. The patient must be brought out of his narcissistic present and must be given a more objective perspective of life—in which perspective he will find himself mingled with, and a part of, society at large—with reduction of his sensitiveness, and therefore reduction of his projected and introjected asocial and/or antisocial trends. It must be remembered, at this point, that the physician represents to his patient society at large at the beginning of the period of management. He represents the core of civilization, and his duty and privilege are to effect successfully a wholesome transference and libido focalization, then carefully and with nothing less than wisdom to diffuse that libido into an acceptable heterobiologic pattern.

Occupational therapy certainly means more

than the mere custodial "something to do and keep your mind occupied." It is a more or less specific therapeutic activity that has varying recommended types, depending on the indications that are given by the behavior reactions of the individual patient. It is only to be mentioned here that the two chief dynamic representations in behavior, both normal and abnormal, are the life-death impulses, or the constructive-destructive tendencies and their balance. Built upon these is the elaboration of behavior reactions that comprise a given personality syndrome, or biologic unit, or total organism. It is to be urged that the destructive energies be given every available outlet during the years when this instinctive tendency may receive overt expression without social criticism. The golf "addict" and the bowling "addict," for example, are those personalities who had not satisfactorily succeeded in fulfilling those instinctive wishes when those wishes were asking for expression, but who are in adulthood satisfactorily sublimating the destructive drive by striking at a golf ball, by destroying the orderliness and uprightness of the tenpins, by "eating up" the pugilistic "art." It is here that the therapeutic recommendation achieves its greatest and deepest value. It is with this understanding in mind that the recommendation to engage in golf, or bowling, or other activity, is forthcoming, rather than because it might take the patient's mind off himself, or because the (paradoxical?) exercise is so restful. These considerations we ordinarily dare not explain to most patients, but we observe with an intelligent eye the beautiful unfolding of a working sublimation.

It is not altogether necessary that the patient be given to understand that the cause of the trouble is within himself, that it depends on his own "faults," and that he "will have to get over it yourself." The exercise of tact in this regard is a delicate premise, and recommendations of therapeutic value need often have no relationship to the complaint so far as the patient can see, as long as they strike at some fundemental mechanism, a particular conflict, sublimation, or substitution, for example, and as long as eventually the patient is in the mood to accept the desired insight into the difficulty by his own realization. The tendency to convert mental conflict into bodily symptoms (need for punishment for unconscious feelings of guilt) is responsible for the superficial and usually temporary satisfaction felt by the patient who believes that his doctor understands him and his difficulty because he leaves the medical office (an office of authority to him) with a prescription written in a strange hand, irrespective of the medication prescribed. Besides the creation of insight, without which there is no hope for recovery of a lasting sort, the problem is just as relevantly concerned with the creation of a feeling of completeness. Also, we must do our utmost to convert liabilities into assets.

CONCLUSION

The psychosomatic concept is one of a homogeneous matrix, in which somatic expressions (not somatic parts) cannot be adequately separated from total personality function because they are integral parts of the whole. This presentation is not a plea for full psychiatric understanding on the part of every medical practitioner. It is an effort to present an objective perspective directed radiantly rather than beamlike at the patient, who must be regarded in his entirety, as a person in relation both to his total self and to his total environment, present and past.

541 Lincoln Road.

COMBINED PLACENTA PRAEVIA AND ABRUPTIO PLACENTAE

REPORT OF CASE

J. T. BENBOW, M.D.
CHATTAHOOCHEE

The case presented merits attention because of its unusual pathologic features and because the combination of premature separation of the placenta and placenta praevia is an unusual occurrence. It also illustrates the difficulty of making an accurate physical diagnosis in acutely ill mental patients.

REPORT OF CASE

L. S., a white woman, was first admitted to the Florida State Hospital at Chattahoochee in 1942 suffering from schizophrenia following the delivery of a stillborn child in February of that year. She had previously had three live births. She showed the typical mental symptoms of schizophrenia, including active hallucinations of an auditory and visual type, as well as a great deal of delusional mental activity. Her mental state cleared in about three months so that she could be taken care of at home.

After being at home for some time, she was readmitted to the institution in a state of acute mental disturbance. Violence, volubility and acute delusional activity characterized her mental picture. Her physical condition was fairly good, but she was extremely uncooperative, and a full physical examination could not be performed. An abdominal mass could be detected, but a history of pregnancy could not be elicited from the family nor the patient. Neither could roentgen examination of the

abdomen be made because of the extreme uncooperativeness of the patient. Further attempts at reexamination failed for several weeks. It was noted that she suddenly started menstruating copiously. Abdominal examination was unsatisfactory at this time, but pronounced gaseous distention was noted as well as an abdominal mass. Enemas removed the distention, and the patient was placed in bed for observation. No pain was elicited on abdominal palpation, nor did the patient complain of pain.

Bleeding continued for eighteen hours, and the patient then began to complain of abdominal pain. She became more cooperative, and under sterile conditions a vaginal examination was made, revealing a pregnant uterus at full term. A diagnosis of placenta praevia was made because of the ability to feel the placental edge on vaginal examination, and roentgen examination showed a full term fetus. No heart tones were heard at this time.

Since the onset of the bleeding it was noted that the flow had increase in intensity. About one hour following the pelvic examination the uterus was hard and rigid, but no actual labor pains were present. Laboratory examination at this time revealed a mild leukocytosis; the blood count showed white blood cells 10,000, red blood cells 3,000,000 and polymorphonuclears 90 per cent, and the hemoglobin estimation was 51 per cent. The urine contained albumen (2 plus) and finely granular and hyaline casts (1 plus).

A diagnosis of placenta praevia with probably a dead fetus was made. Because of the alarming rate of hemorrhage immediate evacuation of the uterus was deemed essential.

A classical cesarean section was performed immediately, and a blood transfusion was given on the operating table. At the time of operation a dead fetus was delivered. The uterus contained a marginal placenta praevia, and the placenta showed evidences of premature separation in that the superior one third of the circumference of the placenta was completely separated from the uterine wall and the separation extended past the center of the placenta so that about 50 per cent of the placental surface area was detached. The remainder of the circumference of the placenta was firmly attached to the uterine wall. Dark clots were extracted from the uterine cavity and from behind the placental separation. Upon the external surface of the uterus over the site of placental attachment could be seen several purplish areas of discoloration from 2.5 to 3 cm. in diameter and irregular in contour. The placenta showed some signs of apparent infarction on gross inspection. The uterus was closed with three layers of chromic catgut sutures, and the abdomen was closed in layers without drainage. A postoperative diagnosis of placenta praevia and abruptio placentae was made.

The postoperative course was interesting and eventful. The temperature for the first five days varied between 99 and 101 F. During the first three days the urine was very scanty despite intravenous administration of fluids, averaging from 2 to 3 ounces every twenty-four hours. Catheterized specimens on the first three days gave a 4 plus reaction for albumin and were positive for occult blood. Examination of the blood on the first postoperative day showed 3,200,000 red blood cells, and the hemoglobin estimation was 37 per cent. On the third postoperative day the red blood cell count was 1,600,000, hemoglobin 23 per cent, nonprotein nitrogen 123 mg. per hundred cubic centimeters, urea nitrogen 55 mg., creatinine 3.3 mg. and cholesterol 139 mg. A transfusion of 500 cc. of whole blood was given. The following day, the fourth postoperative day, the red blood cell count was 2,100,000, hemoglobin 30 per cent and blood culture negative. Another transfusion of 500 cc. of whole blood was given. On the sixth postoperative day the red blood cell count was 1,800,000, white blood cell count 7,800, hemoglobin 30 per cent, nonprotein nitrogen 123 mg., and creatinine 1.3 mg. The urine showed only a trace of albumin and an occasional pus cell. The urinary output was greatly increased and was approaching a more normal level. The following day, the seventh of the illness, the red blood cell count was 1,500,000, hemoglobin 30 per cent, and icterus index 65. Another 500 cc. transfusion was given. Little change was noted thereafter until the ninth day when the icterus index was 125 and the red blood cell count was 1,500,000. On the twelfth day the red blood cell count was 2,100,000, icterus index 65, nonprotein nitrogen 144 mg. and creatinine 3.5 mg. Another transfusion was given on the thirteenth day, the hemoglobin being 36 per cent and the red blood cell count 1,900,000. On the fifteenth day the red blood cell count was unchanged, but the icterus index was 42, nonprotein nitrogen 90 mg., and creatinine 3.2 mg. On the eighteenth day there was improvement in that the nonprotein nitrogen was 52 mg. and creatinine 2.5 mg. On the twenty-fifth day the red blood cell count was 2,800,000, hemoglobin 46 per cent, nonprotein nitrogen 32 mg., creatinine 1.4 mg., cholesterol 159 mg. and icterus index 24.

Postoperative medication consisted of fluids administered intravenously, 1/320 grain of ergotrate twice daily for three days to promote and maintain contraction of the uterus, and vitamin K. At no time did the prothrombin level vary to any degree from the normal. Liver extract was given intramuscularly from time to time.

At no time during the illness did the temperature exceed 101 F. orally, and after the third postoperative day it did not exceed 100 F. Nor did the patient appear acutely ill at any time. She remained overactive in bed at all times, and it necessitated institution of restraint to keep her from getting out of bed.

As time went on, she gradually became more quiet and cooperative, and less delusional. The mental improvement seemed more or less to parallel improvement in the blood picture. No focus of infection could be found which might account for the extreme jaundice, and it is my opinion that the jaundice was on a hemolytic basis.

The diagnosis at the time of the patient's discharge from the sick ward was combined placenta praevia and abruptio placentae with severe hemolytic jaundice and uremia.

SUMMARY

The case of a multiparous white schizophrenic who presented the rare obstetric combination of placenta praevia and abruptio placentae is described. She was treated by cesarian section as an emergency measure, and the postoperative course, during which she experienced a severe uremia and severe hemolytic jaundice, is reviewed.

SEVENTY-SECOND ANNUAL CONVENTION
FLORIDA MEDICAL ASSOCIATION
JACKSONVILLE, APRIL 22, 23, 24, 1946

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CHARTER FOR MEDICAL SERVICE CORPORATION APPROVED

The application for charter of the Florida Medical Service Corporation has been approved by Hon. J. Edwin Larson, State Insurance Commissioner. Mr. H. Plant Osborne appeared before Judge Shields at the Duval County Court House and the order incorporating the subscribers and their associates and successors into the corporation was issued. The date of the incorporation is Jan. 11, 1946. The first meeting of the Board of Directors of the new corporation was scheduled for January 27 in Jacksonville. The officers and other directors are as follows: Dr. Leigh F. Robinson, president; Dr. Walter C. Jones, vice president; Rev. E. D. Solomon, secretary; Dr. Frederick J. Waas, treasurer; Dr. W. McL. Shaw, assistant treasurer; Dr. Duncan McEwan, Dr. Eugene G. Peek, Dr. Walter C. Payne, Dr. William M. Rowlett, Dr. Harrison A. Walker, Dr. Robert B. Harkness, Dr. Herbert E. White, Dr. Herman Watson, Mr. Dewey Dye, Mr. A. R. Cassidy, Mrs. Mildred Wells, Sister Loretta Mary.

The five doctors who affixed their signatures to the application for charter and will become the first active members of the new corporation are: Dr. Leigh F. Robinson, Dr. Edward Jelks, Dr. Walter C. Jones, Dr. W. McL. Shaw, and Dr. Lucien Y. Dyrenforth.

County medical societies of the State Medical Association have been asked to furnish (on a prorata basis) the amount of money required so that this new corporation can function. The money thus submitted by county medical societies is to be on a loan basis without interest. It is understood that the Medical Service Corporation will return the loans when the working capital is increased so that this will be possible with the approval of the Insurance Commissioner. As this Journal goes to press, four county medical societies have already sent in their full quotas. All remittances from county medical societies are to be sent to Dr. Frederick J. Waas, treasurer of the Florida Medical Service Corporation, Professional Building, Jacksonville.

The Board of Directors of this new corporation is now busily engaged in the preparation of by-laws for the corporation and of the forms of contract which will be necessary to launch it into active business. All papers and forms of contract must be submitted to Commissioner Larson for his approval before the corporation is authorized to issue any certificates to subscribers.

Since the last meeting of the Association's House of Delegates, a great deal of time and effort has been devoted to making a medical service plan operable in Florida. Real sacrifices in both time and money are being made by the doctors and friends who are enthusiastically working to give the low income citizens of Florida medical service.—H. L. P.

RESERVE THESE DATES
APRIL 22, 23, 24, 1946
FOR THE CONVENTION IN JACKSONVILLE

DISEASE CONTROL IN INDUSTRY

A statewide campaign to locate and eventually control disease in industry was launched early this month by the State Board of Health in cooperation with the Florida Industrial Commission. The program is an outcome of an Act passed by the legislature last spring which made Florida the thirty-first state to inaugurate a compensation law for occupational disease in industry.

That Florida has specific problems in industrial hygiene must be certain in view of its fast growing industries, but only the survey will reveal the extent and scope of these problems. With the help of the United States Public Health Service, sanitarians from the State Board of Health, local health units, and factory inspectors of the Industrial Commission were given basic training for the inspection job.

It is expected that the survey will be a forerunner to the establishment of a division of Industrial Hygiene in the State Board of Health in connection with the Bureau of Preventable Diseases. A physician specializing in industrial hygiene should be of inestimable service to private physicians in diagnosing occupational diseases.

The types of service which the State Board of Health can render to the public in the field of industrial health are varied and extensive, but may be summarized as (1) evaluation of the industrial environment and recommendations regarding needed correction of conditions found to be detrimental to health; (2) consultant service to medical supervisors, private physicians, compensation authorities and other state agencies regarding illnesses affecting workers; (3) provision of necessary laboratory services of both a clinical and physical nature, and (4) promotion of programs for adult hygiene in industry.

Industrial hygiene is merely the science of the preservation of the health of workers, therefore primarily a program for the conservation of health and the prevention of accidental and occupational disease.

Some of the diseases which will be investigated will stem from working environment such as exposure to harmful dust, fumes, gases, vapors, excessive noise, bad illumination, and abnormal atmospheric pressures. Means of controlling such occupational diseases as lead poisoning, poisoning from solvents, and especially skin diseases peculiar to citrus workers will also be studied.

Wilson T. Sowder, M. D.,
State Health Officer.

FROM MY POINT OF VIEW

Were it not for the fact that the matter is assuming serious proportions, one could laugh at some of the criticisms and accusations made concerning the practice of medicine and the individual practitioners.

Here is what happened at a recent lecture. The subject of the talk was "Drugs" and was beautifully presented by a pharmacist. During the discussion which followed, a preacher aired his views, not only about drugs but more particularly about those who prescribe them. The gist of his remarks was that doctors are too conservative; they are prejudiced against anything new, especially if the originator of a new remedy happens to be a layman. This terrible state of affairs, he said, prevents patients from getting the benefit of new and better methods. He then stated that it was a well known fact that doctors fought and scrapped among themselves, would not pull together, and disagreed as to the particular medicine to be used in this case or that. He wound up by saying, "How is a layman to judge what is right and what is wrong?"

Up jumped Dr. Sam Adams, "Preacher, I'll answer your comments. We doctors will all agree on standard methods for treating the sick just as soon as you preachers agree on the one and only way to get to Heaven." And Sam sat down.

Then I took over. "Preacher, how would you like to wear a fresh muskrat skin on your nose and chest all the time?" He indicated his dislike for such a procedure. "Well, if we doctors did what you seem to think is correct, many people in this state would have a muskrat skin on right now. A nice old lady made a special trip to my office to tell me about that wonderful remedy, and she had a clipping from a country newspaper which stated that Farmer Blank had cured his asthma that way."

"But that's ridiculous," the preacher said. "I'm not talking about that kind of thing."

"But," I replied, "some of the things you, with your lack of medical training, think are perfectly logical and reasonable we know are just as ridiculous as the muskrat business appears to you."

I happen to know the preacher in question. He is a well educated, broadminded man, and an all-round tolerant, good fellow. I really get discouraged when I stop to think that if such a person cannot see that the very conservatism,

the very disagreements we doctors have, to which he objects, are in reality the public's safeguard against danger, and are basic principles toward real progress, what chance have we of being correctly judged by the majority of people who are not educated and tolerant? And if the members of a profession who preach about seeing the mote in your eye can't see their own, how can we expect others to do so?

Is this business of disagreements confined to the medical organization? Dr. Adams showed clearly that it exists among the preachers. I seem to have heard of an American Federation of Labor, and also a C.I.O. Wasn't the latter group formed because certain members of a labor organization disagreed as to standards? Are so-called jurisdictional strikes not caused by disagreements between labor unions? Do all capitalists agree as to how furniture, for example, should be manufactured? On analysis, we find that what the preacher told us was wrong with medicine exists in every business or profession or government which comes under consideration.

I personally feel that these disagreements, these so-called wranglings, are a fine thing. I believe that they are the vitamins and minerals without which progress would be at a standstill or die. Doesn't a disagreement between scientists cause each one to do some extra experiments, some more work? And even if the reason which prompts them is to prove some other fellow is wrong, isn't progress the result?

When doctors thoroughly agree on every point, on every drug, on every curative method, I want to quit and take up farming. By the way, does every farmer agree on how to make good corn—be it the solid or liquid variety?

Frank C. Metzger.

PUBLIC HEALTH DOCTORS NEEDED

Graduates of schools of medicine approved by the A. M. A., who are interested in preventive medicine, are asked to communicate with the Merit System Office in Gainesville for information concerning vacancies with the Florida State Board of Health and County Health Units. Appointments to full-time positions will be made in accordance with Merit System Rules. No permanent appointments are given to physicians who are above the age of 45 upon entering the field of public health. Address Merit System Supervisor, Merit System of the Florida State Board of Health and Crippled Children's Commission, Professional Building, Room 201, Gainesville, Fla.

MEDICAL OFFICERS RETURNED

Dr. Eugene L. Jewett who entered military service on Mar. 16, 1942, received his discharge on Jan. 6, 1946. His address is Maitland. He held the rank of Captain in the Navy.

Dr. Louis R. Bowen who entered military service on July 17, 1942, received his discharge on Nov. 30, 1945. His address is Eustis. He held the rank of Lieut. Commander.

Dr. Kenneth Phillips who entered military service on June 15, 1942, received his discharge on Dec. 13, 1945. His address is 1150 S. W. 22nd Street, Miami 36. He held the rank of Commander.

Dr. Joe I. Turberville who entered military service on Aug. 26, 1942, received his discharge on on Oct. 15, 1945. His address is Century. He held the rank of Captain in the Army.

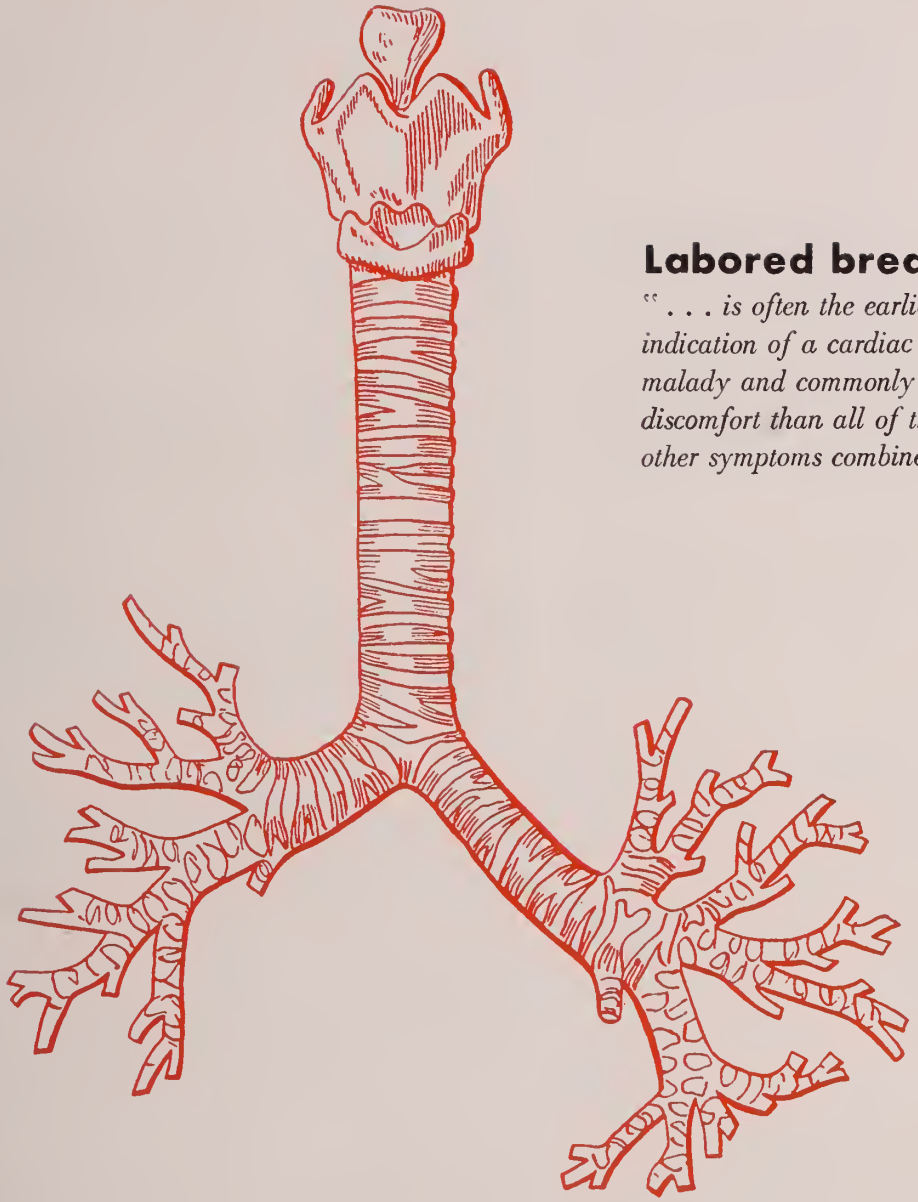
Dr. John D. Ferrara who entered military service in May, 1942, received his discharge on Dec. 20, 1945. His address is Route 1, Box 141B, Jacksonville 7. He held the rank of Lieut. Colonel.

Dr. Joseph Rose who entered military service on Aug. 27, 1939, received his discharge on Aug. 27. 1945. His address is 1345 Talbot Avenue, Jacksonville 5. He held the rank of Major.

Dr. John P. Rowell who entered military service on May 5, 1941, received his discharge on Jan. 16, 1946. His address is 1224, 21st Ave., North., St. Petersburg. He held the rank of Captain in the Army.

Dr. L. L. Parks who entered military service on May 20, 1941, received his discharge on Oct. 29, 1945. His address is 1050 Hendricks Avenue, Jacksonville 7. He held the rank of Lieut. Colonel.

Dr. Rowland E. Wood who entered military service on Jan. 12, 1942, received his discharge on Dec. 25, 1945. His address is 210 First Federal Building, St. Petersburg 4. He held the rank of Major.



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1. Harrison, T. R.: Cardiac Dyspnea, Western J. Surg., 52:407 (Oct.) 1944.

SEARLE *Research in the Service of Medicine*

Dr. Carl D. Hoffmann who entered military service on Aug. 8, 1942, received his discharge on Nov. 16, 1945. His address is East Robinson at Magnolia, Orlando. He held the rank of Major.

Dr. Harry Z. Silsby who entered military service on Aug. 28, 1942, received his discharge on Nov. 8, 1945. He held the rank of Major.

Dr. G. Tayloe Gwathmey who entered military service on Feb. 17, 1942, received his discharge on Nov. 13, 1945. His address is 322 East Central Avenue, Orlando. He held the rank of Captain in the Navy.

Dr. Alvin L. Stebbins who entered military service on July 28, 1942, received his discharge on Nov. 28, 1945. His address is 621 North O Street, Pensacola. He held the rank of Major.

Dr. A. J. Barranco who entered military service on July 24, 1942, received his discharge on Jan. 27, 1946. His address is Lake Wales. He held the rank of Captain in the Army.

Dr. Merrill Wattles who entered military service on Jan. 15, 1941, received his discharge on Nov. 3, 1945. His address is 787 North Orange Avenue, Orlando. He held the rank of Lieut. Commander.

Dr. Charles L. Park who entered military service on June 20, 1942, received his discharge on Dec. 22, 1945. His address is 109 West 17th Street, Sanford. He held the rank of Major.

Dr. Wilton E. Tugwell who entered military service on March 1, 1941, received his discharge on Oct. 2, 1945. His address is 300 Blount Bldg., Pensacola. He held the rank of Major.

Dr. I. L. Fishbein who entered military service on March 5, 1941, received his discharge on Sept. 25, 1945. His address is 1544 Meridian Avenue, Miami Beach. He held the rank of Captain in the Army.

Dr. Franz Stewart who entered military service on Feb. 25, 1942, received his descharge on Oct. 17, 1945. His address is 525 duPont Building, Miami 32. He held the rank of Commander.

Dr. L. M. Gable who entered military service on July 22, 1942, received his discharge on Nov. 27, 1945. His address is St. Petersburg. He held the rank of Colonel.

Dr. Sam J. Clark who entered military service on Aug. 14, 1942, received his discharge on Jan. 6, 1946. His address is 403 Marble Arcade, Lakeland. He held the rank of Captain in the Army.

Dr. Michael Smith who entered military service on Dec. 28, 1942, received his discharge on Nov. 17, 1945. His address is 608 Harvey Building, West Palm Beach. He held the rank of Major.

Dr. Thomas E. Daly, who entered military service on July 25, 1942, received his discharge on Dec. 25, 1945. His address is 237, 29th Street, West Palm Beach. He held the rank of Captain in the Army.

Dr. James L. Borland who entered military service on March 22, 1942, received his discharge on Dec. 10, 1945. His address is 206 Pearl Street, Jacksonville 2. He held the rank of Major.

Dr. Jack A. McKenzie who entered military service on Nov. 1, 1941, received his discharge on Jan. 12, 1946. His address is 444 S. W. 30th Road, Miami. He held the rank of Major.

Dr. Hardy Ulm who entered military service on June 17, 1942, received his discharge on Oct. 30, 1945. His address is Hollywood Clinic, Hollywood. He held the rank of Captain in the Army.

Dr. Harold G. Nix who entered military service on Aug. 5, 1942, received his discharge on Nov. 8, 1945. His address is 442 West Lafayette Street, Tampa. He held the rank of Major.

Dr. Rene Torrado who entered military service on June 24, 1942, received his discharge on Nov. 7, 1945. His address is 541 Lincoln Road, Miami Beach. He held the rank of Captain in the Army.

Dr. Louis M. Orr who entered military service on July 11, 1942, received his discharge on Dec. 24, 1945. His address is 311 Exchange Building, Orlando. He held the rank of Colonel.

Dr. E. C. Swift who entered military service on June 16, 1941, received his discharge on Jan. 7, 1946. His address is 313 Greenleaf Annex, Jacksonville 2. He held the rank of Commander.

Dr. O. L. Kelley who entered military service on June 29, 1942, received his discharge Jan. 9, 1946. His address is 254 Royal Palm Way, Palm Beach. He held the rank of Major.

Dr. Nathan S. Rubin who entered military service on Oct. 25, 1940, received his discharge on Jan. 2, 1946. His address is 404 Blount Building, Pensacola. He held the rank of Lieut. Colonel.

Dr. H. G. Cole who entered military service on June 9, 1942, received his discharge on Jan. 2, 1946. His address is 520 Citizens Building, Tampa 2. He held the rank of Major.

Dr. Claude B. Wright who entered military service on May 19, 1942, received his discharge on Jan. 12, 1946. His address is 214 First Federal Building, St. Petersburg 4. He held the rank of Commander.

Dr. C. A. Scarborough who entered military service on Aug. 20, 1942, received his discharge on Dec. 16, 1945. His address is 460 N. E. 52nd Terrace, Miami. He held the rank of Major.

Dr. Charles E. Hebard who entered military service on Sept. 14, 1942, received his discharge on Oct. 9, 1945. His address is 1106 Huntington Building, Miami 32. He held the rank of Commander.

Dr. J. P. Tomlinson who entered military service on Aug. 27, 1942, received his discharge on Nov. 13, 1945. His address is Lake Wales. He held the rank of Major.

STATE NEWS ITEMS

Dr. Harold G. Nix, Tampa, announces the reopening of his offices at 442 West Lafayette Street. His practice will be limited to obstetrics and gynecology.

Governor Millard Caldwell has re-appointed the three members of the State Board of Health. On January 6 an organization meeting was held in Jacksonville with Dr. Herbert E. Bryans, Pensacola; Dr. Robert B. McIver, Jacksonville, and Mr. William Parr, Tampa, present. By unanimous vote Dr. Herbert L. Bryans was re-elected president of the Board.

The Florida Board of Examiners in the Basic Sciences will hold its next examinations June 4, 1946 at the University of Florida, Gainesville. All requests for application blanks should be sent to Dr. John F. Conn, Secretary, P. O. Box 655, DeLand.

The Florida law requires that all applications be made at least 15 days prior to the date of examination. May 20, therefore, is the deadline. The Florida law provides for no reciprocity.

Dr. J. C. Pate, Tampa, attended the meeting of the U. S. Chapter of the International College of Surgeons, held in Washington, D. C., December 7 and 8.

At the recent convention of the Florida Public Health Association, held in Gainesville, December 3, 4 and 5, Dr. George A Dame of Fernandina was elected president for the ensuing year.

Dr. I. J. Stumpf, Jacksonville, has opened offices at 1569 Palm Avenue, and will limit his practice to obstetrics and gynecology. After the notice of Dr. Strumpf's return from service was published in last month's Journal, he was promoted to the rank of Colonel.

BIRTHS AND DEATHS

BIRTHS

Dr. and Mrs. Archie J. Baker, Jacksonville, announce the birth of a daughter on December 10.

DEATHS - MEMBERS

Dr. Maximilian Stern, Daytona Beach—Jan. 19, 1946.

OTHER DOCTORS

Dr. Eugene P. Mallett, Hendersonville, N. C.—Aug. 25, 1945.

Dr. A. Sherman Downs, Saratoga Springs, N. Y.—Dec. 8, 1945.

Dr. James W. Wilson, Clearwater—Dec. 29, 1945.

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DOUGLAS GORDON MEIGHEN

Dr. Douglas G. Meighen of Tampa died on December 3, after an illness of six months. He was 47 years of age.

Born in Bottineau, N. D., Dr. Meighen came to Florida in 1913. He attended the Hillsborough High School and the University of Florida. He received his medical degree from Vanderbilt University in 1923 and the following year returned to Tampa to practice his profession. From 1926 to 1933 he served as county physician.

Dr. Meighen was a member of the Hillsborough County Medical Society, the Florida Medical Association and the American Medical Association. He was district surgeon for the Atlantic Coast Line Railway for three years and during the World War II was acting surgeon for the U. S. Coast Guard Unit in Tampa. He was a member of the First Presbyterian Church and the Tampa Elks Lodge.

Surviving are his widow, Mrs. Alice V. Meighen; three sons, Albert O. and Robert C. of Tampa and Douglas M., who is stationed at Parris Island, S. C.; his mother, Mrs. Margaret Meighen; a brother and two sisters, all of Tampa.

WILLIAM BATES BUCKNER

Dr. William B. Buckner, who had practiced medicine in Jacksonville Beach a few months, died suddenly on November 11, at the age of 39.

Dr. Buckner was born in Shelbyville, Tenn., Sept. 1, 1906. He attended Davidson College for four years and later studied medicine at Tulane University, from which he was graduated in 1935. After serving for five years as health commissioner of Dougherty County, Georgia, Dr. Buckner joined the staff of the Florida State Hospital in January 1944. He resigned this post in July 1945 to enter private practice at Jacksonville Beach.

Survivors include a brother, F. W. Buckner, of Nashville, Tenn.

COMPONENT COUNTY SOCIETIES

ALACHUA

Vol. 1, No. 1 of the "Bulletin—Alachua County Medical Society" made its appearance in January. This is a neatly mimeographed pamphlet which should stimulate interest in society affairs. The best wishes of the State Association go to this new publication.

The regular meeting of this society was held at the Alachua County Hospital at 8 p.m., December 11. After the minutes of the previous meeting were read and approved, the following officers were elected for the ensuing year: president, Dr. Chester F. Ahmann; president-elect, Dr. John H. Thomas; vice president, Dr. George M. Floyd; secretary-treasurer, Dr. Stuart Scott; delegate to state convention, Dr. John E. Maines; alternate, Dr. Edwin H. Andrews, and member of censorship committee, Dr. Edwin H. Andrews.

Dr. Andrews addressed the group on "Peripheral Nerve Injuries" and reported a case. His talk was followed by a general discussion. The society voted to apply for honorary membership for Dr. William T. Elmore.

BROWARD

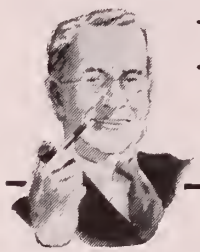
At a meeting of the Broward County Medical Society held on the evening of December 27, the following officers were elected: president, Dr. F. D. Pierce; vice president, Dr. Milton N. Camp; and secretary-treasurer, Dr. F. Leslie Snyder. Drs. Leigh F. Robinson and Richard A. Mills were chosen as delegates to the state convention with Drs. M. A. Lovejoy and C. H. Sory as alternates.

COLUMBIA

At the December meeting, officers for 1946 were elected as follows: Dr. James F. Pitman, Lake City, president; Dr. O. F. Green, Mayo, vice president; Dr. Thomas H. Bates, Lake City, secretary-treasurer. Dr. J. F. Pitman was elected delegate to the House of Delegates of the State Association and Dr. L. J. Arnold, Jr., Lake City, was elected his alternate.

The members present favored the medical service plan, and arrangements are under way to make the requested loans to the Florida Medical Service Corporation on a temporary basis.

Advertisement



From where I sit *by* Joe Marsh

"There Ought to be a Law!"

Every now and then, when I run out of news for the *Clarion,* I print items about what happened Fifty Years Ago in Our Town. May be a lazy man's way of filling space, but it often makes mighty interesting reading.

Seems like human nature is always repeating itself. Same old prejudices, bickerings, and mistakes. Here's an 1895 politician trying to restrict free speech . . . a group crying out against vivisection . . . a local committee raising the bugaboo of Prohibition.

Same old cry down through the years: "There ought to be a law!" Same old desire of one group to force its opinions on another.

From where I sit, it's not more laws we need—nor more restrictions of our right to think, and choose, and live as we see fit. But more tolerance and understanding—*more "live-and-let-live" among humankind.*

Joe Marsh

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DADE

The annual election of officers of this society was held on the evening of December 4 in the Nurses' Home of the Jackson Memorial Hospital. Dr. Scheffel Wright presided. The following officers were chosen: president, Dr. J. W. Snyder; president-elect, Dr. Warren W. Quillian; vice president, Dr. P. J. Manson; secretary, Dr. George C. Austin, and treasurer, Dr. James Putman. The annual reports of standing committees were read and accepted.

DUVAL

At a meeting held on January 2 at the Seminole Hotel, the members of the Duval County Medical Society heard a report on certain phases of the experiments now being conducted at the Yerkes Laboratories of Primate Biology at Orange Park. The speaker was Dr. George Clark, Ph.D., who came to the Yerkes laboratory in 1942, as Assistant Professor of Psychobiology of Yale University. Dr. Frank L. Fort, president of the society, presided at the meeting.

ESCAMBIA

Dr. Carol C. Webb was selected president of the Escambia County Medical Society at a meeting held Tuesday evening, December 11. The other officers chosen were: vice president, Dr. Charles A. Born, and secretary-treasurer, Dr. Lee Sharp.

MARION

At the December meeting of this society the following officers were elected for 1946: Dr. Thomas H. Wallis, president; Dr. H. L. Harrell, vice president; and Dr. Bertrand F. Drake, re-elected secretary-treasurer. It was announced that after 35 years of membership in the State Association, Dr. Eugene G. Peek had become a life member; also that beginning Jan. 1, 1946, Dr. Thomas H. Wallis, an honorary member for several years, would again become an active member.

Action was taken by the society, favoring the proposed Florida medical service plan, and arrangements are under way to raise the minimum loan requested by the temporary officers of the Florida Medical Service Corporation.

PALM BEACH

Dr. Guy W. Heath was elected president of the Palm Beach County Medical Society at a meeting at St. Mary's Hospital in December. Others elected were Dr. David W. Martin, vice president; Dr. William H. Weems, secretary, and Dr. Frederick K. Herpel, treasurer.



Indicated —

THOUGH SURGERY MAY BE NEEDED

Biliary tract surgery, though a true etiologic approach to the motivating disease, cannot immediately restore impaired liver function and bile flow. In fact, the impact of anesthesia and surgical manipulation may temporarily aggravate the existing hepatobiliary symptoms. Hence it appears imperative that further functional impairment be prevented and that the liver be assisted toward speedy resumption of secretory activity.

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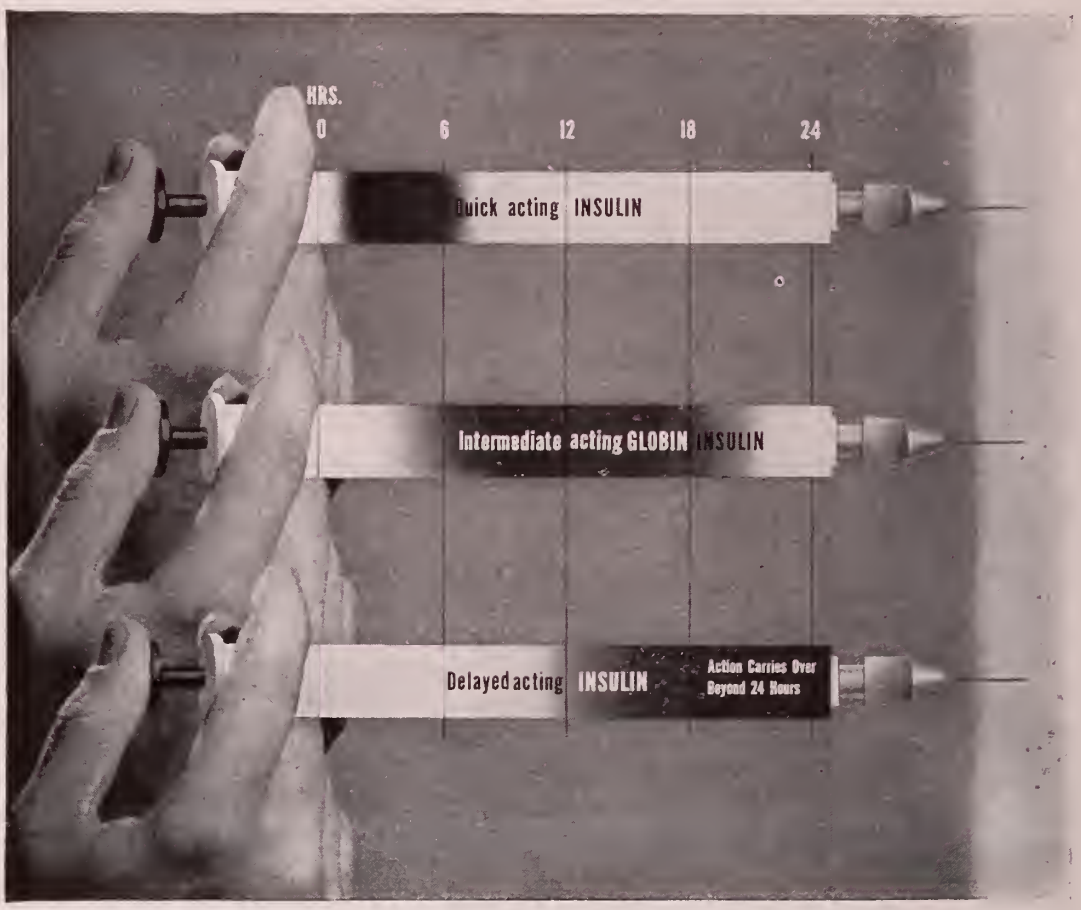
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Your 3 choices when treating diabetics...



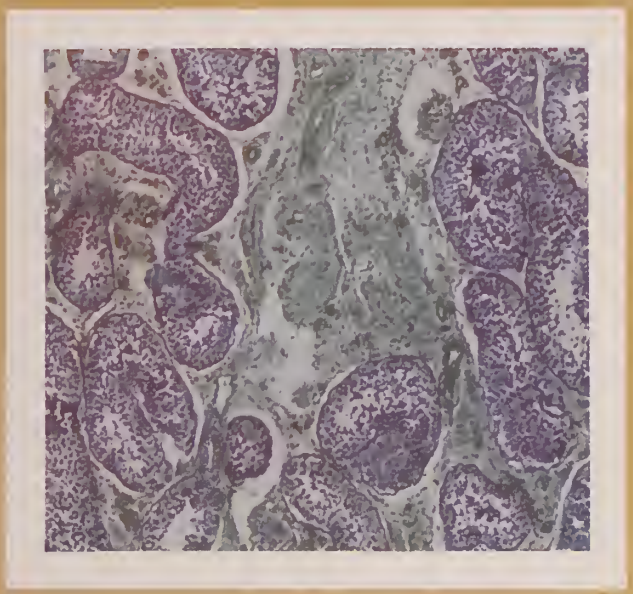
WHEN A PHYSICIAN decides that a patient needs more than diet to control diabetes, he can now choose from three types of insulin. One is quick-acting and short-lived. Another is slow-acting and prolonged. Intermediate between these, is the third—the new 'Wellcome' Globin Insulin with Zinc. Its action begins with moderate promptness yet is sustained for sixteen or more hours—adequate to cover the period of maximum carbohydrate ingestion. By night, activity is sufficiently diminished to decrease the likelihood of nocturnal reactions. Physicians who consider the many advantages of this new third type of insulin now have another effective method of treating diabetes.

'Wellcome' Globin Insulin with Zinc is a clear solution, comparable to regular insulin in its relative freedom from allergenic properties. Accepted by the Council on Pharmacy and Chemistry, American Medical Association. Developed in the Wellcome Research Laboratories, Tuckahoe, New York. U. S. Patent No. 2,161,198. Available in vials of 10 cc., 80 units in 1 cc., and vials of 10 cc., 40 units in 1 cc. Literature on request. 'Wellcome' trademark registered.

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HUMAN TESTIS: Color photomicrograph. Tronsection of the tubules showing various stoges of spermotogenesis. Mole, 30 years of age.

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THE JOURNAL
of the
American Medical Association

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See also SAUNDERS ANNOUNCEMENT on Pages 2 and 3

THE MALE CLIMACTERIC

"There is absolutely no basis for the belief that the man does not have a decrease in sex function in later life and that he cannot have a climacteric. . . . Testosterone propionate, by intramuscular injection of 25 mg. three times a week, has been found effective in relieving the symptoms and in the production of a sense of well-being in the patients, which is the primary objective of this treatment. . . . Testosterone may also be given orally, by inunction and by implantation."—A. A. Werner.

Journal of the American Medical Assaciation, 127:705, 1945.


THE PENNSYLVANIA MEDICAL JOURNAL

VOLUME 47 NUMBER 1

IN THIS ISSUE

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NUTRITION TODAY
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TONSILLECTOMIES
An Editorial

THE AUXILIARY PRESIDENTIAL ADDRESS
Mrs. Walter Orthwein
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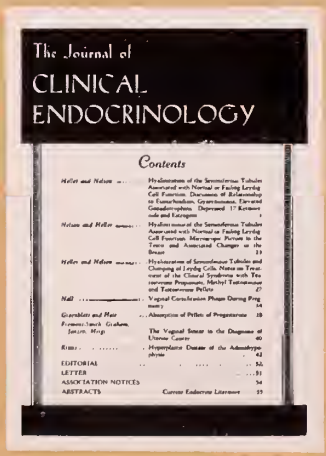
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MALE HORMONE THERAPY

"As many as 34 different symptoms have been observed in the male climacteric; 20 of these are attributable to the nervous system and 9 of them to the circulatory system. . . . Under the influence of adequate hypodermic therapy 10 to 25 mg. of testosterone propionate two to five times a week, the average symptoms of the climacteric are usually relieved. . . ."—C. W. Dunn.

Pennsylvania Medical Jaurnol, 48:780, 1945.


The Journal of
CLINICAL
ENDOCRINOLOGY

Contents

CLINICAL USE OF TESTOSTERONE IN THE MALE CLIMACTERIC

"We wish to urge the careful study of men from 50 to 65 years of age when they complain of vague and often apparently unrelated symptoms, for evidence of the climacteric, and a subsequent use of testosterone propionate, in an attempt to relieve their suffering."—S. F. Goldman and M. J. Markham.

Jaurnal af Clinical Endocrinalagy, 2:237, 1942.

The Male Climacteric, directly associated with declining testicular function, is amenable to replacement therapy with PERANDREN and METANDREN, the Ciba male hormones.

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is testosterone propionate in sesame oil for intramuscular injection. This ester of the male sex hormone produces a rapid and prolonged clinical effect. It is the only economical form of male sex hormone for parenteral therapy since non-esterified testosterone gives only a fraction of the response obtained with testosterone propionate. Available as ampuls, 1 cc. each, in concentrations of 5, 10 and 25 mg. Boxes of 3, 6 and 50.

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hard pressed wafers of methyltestosterone, are designed for absorption through the sublingual mucosa directly into the systemic circulation. This method of administration sidetracks the liver and prevents inactivation of the steroid known to take place when methyltestosterone is ingested. Each linguet contains 5 mg. of methyltestosterone, the androgenic activity of which is roughly equivalent to 1.5 to 2 mg. of PERANDREN by injection. Available in boxes of 30 and 100.

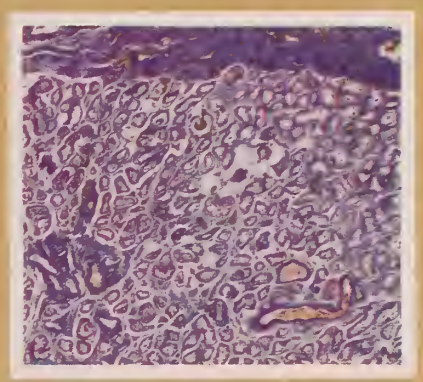
Perandren and Metondren Linguets
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1



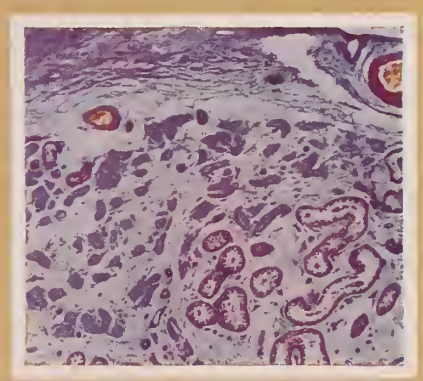
HUMAN TESTIS: Tronsection of the tubules. Normal mole, 30 yeors of oge.

2



HUMAN TESTIS: Tronsection of the tubules. Moderate otrophy. Male, 59 yeors of oge.

3

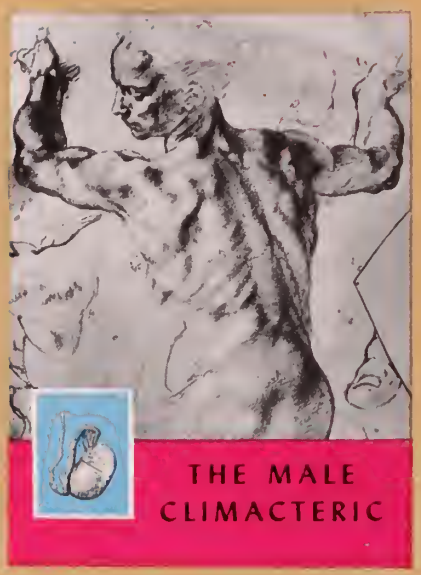


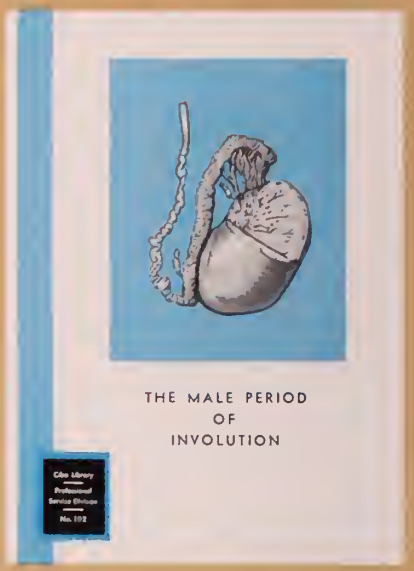
HUMAN TESTIS: Transection of the tubules. Atrophy. Mole, 65 yeors of age.

The above microscopic sectians represent three stoges of the testis in the mole involution. The slides ore Mosson stained ond photographed with Kodachrome Professianol Film. Type B, 3¼" x 4¼".

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Ciba Literature of the Month





YOU WILL RECEIVE, DURING THE MONTH OF FEBRUARY, THE INTERESTING AND ATTRACTIVE FOLDER SHOWN ABOVE ON THE LEFT. THIS WILL GIVE YOU IN MORE DETAIL, YET IN CONCISE FORM, THE STORY OF THE SUCCESSFUL TREATMENT OF THE MALE CLIMACTERIC WITH THE STEROID HORMONES. IT WILL MAKE QUICK AND WORTHWHILE READING.

OFFERED AT THIS TIME, ALSO, IS No. 102 OF THE PROFESSIONAL SERVICE DIVISION'S LIBRARY SERIES. THIS FACTUAL SURVEY ARTICLE DISCUSSES THE RESULTS OF EXPERIMENTATION AND CLINICAL STUDIES ASSOCIATED WITH THE CLIMACTERIC SYNDROME AND PRESENTS A MOST EXTENSIVE BIBLIOGRAPHY. THIS IS SOMETHING YOU WILL WANT TO KEEP FOR REFERENCE. WRITE FOR IT ON YOUR LETTERHEAD.



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At the November meeting, the society passed the following resolutions with respect to the deaths of two of its members:

WILLIAM OGDEN ARNOLD

Whereas, in the untimely death of our beloved friend and fellow-physician, Wilbur Ogden Arnold, M. D., the medical profession of Palm Beach County has suffered a great loss, and

Whereas, Dr. Arnold was an active and loyal member of the professional staff of the Good Samaritan Hospital and of St. Mary's Hospital, West Palm Beach, and

Whereas, Dr. Arnold served this society faithfully and well for many years, on its various committees, and as Secretary and President, and on numerous occasions represented this society at our state medical meetings, and

Whereas, Dr. Arnold was a long time member of the Rotary Club of West Palm Beach, and an active member of its Public Health Committee, and

Whereas, Dr. Arnold, through his professional ability, built up in this community and among the physicians associated with him in medical and surgical practice an enviable reputation for medical skill and ability, enjoying the confidence and esteem of his confreres, and

Whereas, in the passing from us of this fine physician, for whom we had hoped for many more years of useful and active practice, we feel that this society and the medical profession have suffered a great loss,

Therefore, Be It Resolved, that the Palm Beach County Medical Society, through its members in regular session assembled, November, 1945, hereby express to the relatives and friends of Dr. Arnold our regret in being deprived of his able medical ability and his loyal friendship, and our deepest sympathy.

Palm Beach County Medical Society.

ROY OSCAR COOLEY

Whereas, in the passing from us of our devoted friend and fellow-physician, Roy Oscar Cooley, M.D., the medical profession and the members of the Palm Beach County Medical Society have suffered a great loss, and

Whereas, Dr. Cooley occupied for many years a position of leadership in the medical profession of this section of Florida, and was looked up to for advice and wise counsel on medical problems by his associates and friends, and

Whereas, Dr. Cooley was intimately associated with the organization of the Good Samaritan Hospital, and in the development of sound medical practice in this community and county, having at various times and for long periods served as Chief of the Medical Service, and as Chief of the Professional Staff of the above hospital, and

Whereas, Dr. Cooley was also a member of the professional staff at the St. Mary's Hospital, and

Whereas, Dr. Cooley was, during the active period of World War II, the chairman of the Procurement and Assignment Committee of Palm Beach County, and through his able leadership and sound judgment was largely responsible for the successful handling of the problem of medical service in this county through the war period, and

Whereas, Dr. Cooley, through his activities in the Rotary Club of West Palm Beach, of which he was an outstanding Past-President, was intensely interested in the physical welfare of the boys in the High Schools and The Palm Beach County Junior College, contributing largely throughout his lifetime to the betterment of boys, and in his will making further provision for the continuance of boys' activities in the schools of this county, and

Whereas, Dr. Cooley served this society faithfully and well for many years, in all of its committee activities, and as President,

Postural Symptoms During Pregnancy Often Averted Or Relieved By A SPENCER SUPPORT



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A Spencer antepartum support designed especially for this woman. Equally effective for postpartum period.

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THEREFORE, BE IT RESOLVED, that the Palm Beach County Medical Society, through its members in regular session assembled, November 1945, hereby expresses its keen sense of loss, and its regret in the passing of this fine physician from the practice of medicine in this community, and its gratitude for the loyal friendship, the wise counsel and the kindly association with him. He combined the charm of the old school physician with the wisdom of modern medicine. His place among us will be difficult to fill, and his memories will live long with all of us who remain to carry on, endeavoring to live up to the high standards of medical and surgical practice which he so ably and outstandingly upheld in his life and work.

Palm Beach County Medical Society

PASCO-HERNANDO-CITRUS

At the annual meeting of this society, held December 13, the following officers were elected for 1946: Dr. W. H. Walters, Lacoochee, president; Dr. Claude L. Carter, Inverness, vice president, and Dr. G. R. Creekmore, re-elected secretary-treasurer.

Two interesting clinical cases were reported by Dr. S. C. Harvard, following which there was a general discussion.

Action was taken to participate in the Florida Medical Service Plan. The quota for temporary loans is being solicited and the money will be forwarded to the temporary officers of the Florida Medical Service Corporation.

Dr. and Mrs. W. H. Walters entertained the members of the society in their home, and a turkey dinner, delightfully served, was enjoyed by all present.

The next regular meeting will be held at the Magnolia Lodge, Crystal River, and the wives of members are specially invited. Members present were: Drs. J. T. Bradshaw, Claude L. Carter, G. R. Creekmore, S. C. Harvard, W. Wardlaw Jones, W. B. Moon and W. H. Walters.

PINELLAS

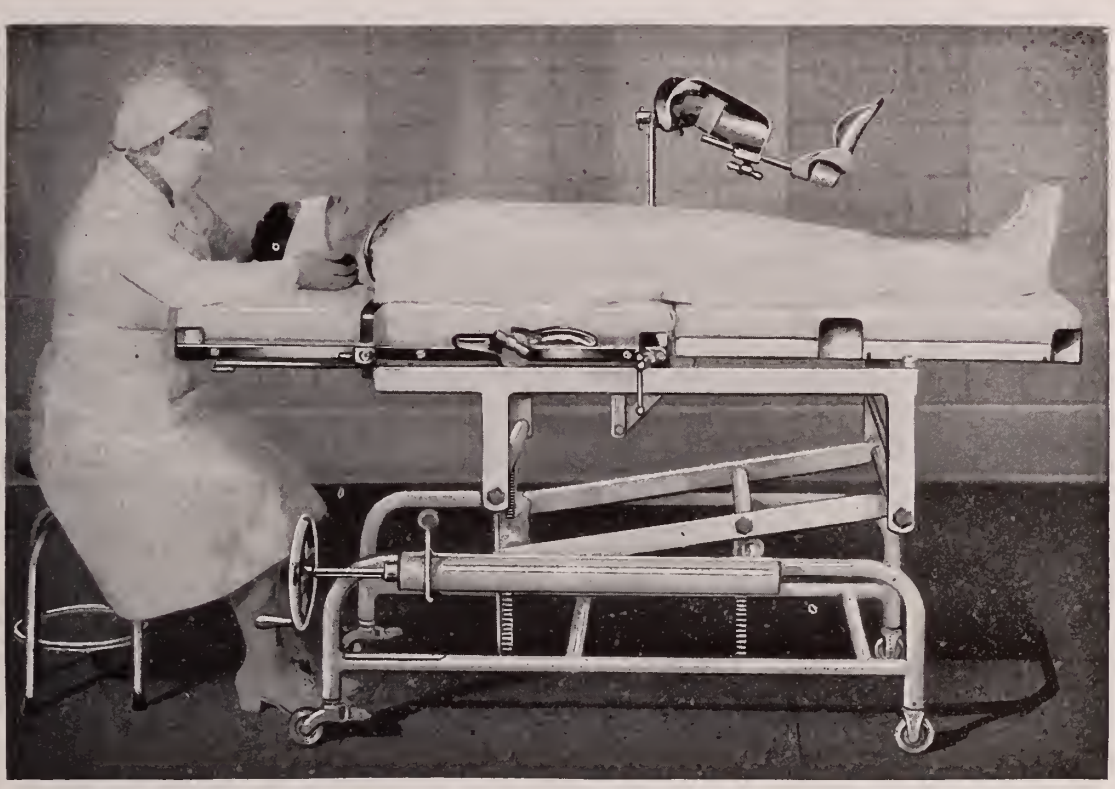
The Pinellas County Medical Society held its regular monthly meeting at the Shrine Club, St. Petersburg, December 7. Dr. A. M. Feaster, president, presided. A discussion was held on pending national medical legislation; also on the new Florida Medical Service Corporation.

The meeting was then turned over to Dr. J. B. Quicksall, who introduced Dr. Frank C. Metzger of Tampa, the guest speaker. Dr. Metzger read a paper on "Treatment of the Allergic Patient," which brought forth considerable discussion. Dr. Gordon Timberlake presented an interesting case report.

It was announced that no round table meeting would be held in December.

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POLK

A special tribute was paid Dr. Benjamin J. Bond of Winter Haven, when the Polk County Medical Society elected him president in absentia at a meeting held in Bartow December 12. Dr. Bond had not at the time been released from military service. Dr. Waldo Horton, also of Winter Haven, was named vice president and Dr. Edgar Watson of Lakeland was re-elected secretary-treasurer.

Dr. Herschel G. Cole of Tampa was guest speaker. His talk dealt with his experience with bone surgery while in the Army. Dr. T. H. Roberts, retiring president, was in charge of the meeting at which twenty physicians were present.

BOOKS RECEIVED

Acknowledgment of books received will be made in this column and this will be deemed by us a full compensation to those sending them. A selection will be made for review as expedient.

ANNUAL REPRINT OF THE REPORTS OF THE COUNCIL ON PHARMACY AND CHEMISTRY of the American Medical Association for 1944. Cloth. Price, postpaid, $1.00. Pp. 238. Chicago: American Medical Association, 1945.

The Council on Pharmacy and Chemistry recently issued the thirty-sixth edition of the Annual Reprint of the Reports of the Council on Pharmacy and Chemistry of the American Medical Association. This volume contains in compact form not only the reports of the Council which have been published in the J. A. M. A. during the past year but also some additional reports which were not considered of sufficient importance to be published in The Journal.

The present volume is quite unusual in that it contains not one report concerning a product found unacceptable. However, there are five reports on the omission of products from New and Nonofficial Remedies, mainly for the reason that they have outlived their usefulness, and in most cases the manufacturers have expressed their lack of desire for continued inclusion of their brands. These reports are: Erysipelas Streptococcus Antitoxin and Antierysipelas Serum, omitted from New and Nonofficial Remedies; Ichthammol Preparations, Isarol, Ichthynat, Ichthyol, omitted from New and Nonofficial Remedies, and Soluble Ichthammol, Not Within the Scope of New and Nonofficial Remedies; Iodine Compounds: Iodalbin and Stearodine; Iodo-Casein; Iothion; and Iodostarine; omitted from New and Nonofficial Remedies; Mercuric Oxycyanide, Mercuric Salicylate and Mercuric Succinimide, omitted from New and Nonofficial Remedies and Status of Antimeningococcic Serum and Meningococcus Antitoxin.

This volume is a veritable mine of information on subjects of general interest to the physician, pharmacist and the pharmaceutical manufacturer. The reports concern deliberations of the Council on general subjects ranging from the use of the Electron Microscope to the appraisal of new drugs. The report on Pathogenic Bacteria, Rickettsias and Viruses as shown by the Electron Microscope is noteworthy as being pioneer work in this field. The report on the Current Status of Prophylaxis by Hemophilus Pertussis Vaccine was prefatory to the acceptance by the Council on various brands of pertussis vaccines and pertussis vaccine combinations. The valuable and highly informative article on Local Treatment of Thermal Cutaneous Burns reports on the latest and best work in this field.

NEW AND NONOFFICIAL REMEDIES, 1945, containing descriptions of the articles which stand accepted by the Council on Pharmacy and Chemistry of the American Medical Association on Jan. 1, 1945. Cloth. Price, postpaid, $1.50. Pp. 760. Chicago: American Medical Association, 1945.

Each year a revised list of the articles which stand accepted by the Council on Pharmacy and Chemistry of the American Medical Association as of January first is published in book form under the title of "New and Nonofficial Remedies." The book contains the descriptions of acceptable proprietary substances and their preparations, proprietary mixtures if they have originality or other important qualities, important nonproprietary nonofficial articles, simple pharmaceutical preparations, and other articles which require retention in the book.

Some fifteen or twenty newly accepted preparations appear in the 1945 volume. A large number of preparations have been omitted, mainly brands of official preparations. The general statement concerning these pharmacopeial preparations has been retained for the information of physicians.

As stated in the preface, the entire book has been scanned to bring it up to date with the latest medical knowledge. It is noted that the section "Articles and Brands Accepted by the Council But Not Described in N. N. R.," a vestigial remnant of which appeared in the 1944 volume, has now entirely disappeared.

This section appeared to have been a catch-all for brands of official articles the acceptance of which the manufacturers desired for reasons of prestige, and miscellaneous preparations which were not necessarily or importantly within the Council's scope and which did not require detailed description. Many of the official preparations have been transferred to the body of the book and the others deleted. One is struck by the large amount of medical information contained in this volume. Certainly no other compendium of comparable price contains so much.

MEN WITHOUT GUNS. By De Witt Mackenzie. This book records the great work of the Army Medical Corps in the war. It is an authentic story of the men who fought without guns to save human life, the story of the services of our doctors, nurses, and enlisted men on the battlefields and in the hospitals of Europe and Asia. De Witt Mackenzie, of the Associated Press, whose graphic recital of the story behind the pictures in the book will hold the reader's attention from beginning to end, was a war correspondent in World War I and, as Associated Press War Analyst during World War II, covered the African, European, Burma, China and Pacific fronts, where he saw the Army Medical Corps in action. A dozen American artists braved the hardships and perils of war to make the notable series of historical paintings reproduced from the Abbott Collection of Paintings, now the property of the U. S. Government. The book constitutes an authentic and valuable contemporary history of Army Medicine in the war and a priceless archival treasure. Cloth. Price, $5.00. Pp. 152, with 177 illustrations. Philadelphia: The Blakiston Company, 1945.

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POLK COUNTY AUXILIARY

The Polk County Medical Auxiliary held a dinner meeting at the Gilbert-Oaks Hotel, December 12, at 7 o'clock, in conjunction with the Polk County Medical Society.

Following the dinner, Mrs. R. H. Mooty, president, presided at a business session. Reports from the officers and committee chairmen showed that considerable progress had been made in the various activities of the auxiliary.

Mrs. W. P. Logan of Lakeland, chairman of the county school health program, said arrangements were being made to secure health films to show in the schools, and that Mr. Frank Bingham, county superintendent of education, and Dr. Lawrence M. Zell, head of the county health department, were heartily supporting this work. She introduced Dr. Zell, who told of the work being done in the rural schools, and explained how the auxiliary's project will assist in rounding out the program. He then showed a film on the subject of dental hygiene, similar to the pictures the auxiliary will provide for use in the schools.

The meeting was well attended and a delightful social hour was enjoyed.

ANNUAL CONVENTION

OF STATE AUXILIARY

JACKSONVILLE, APRIL 22, 23, 24

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SCHEDULE OF MEETINGS

ORGANIZATION	PRESIDENT	SECRETARY	ANNUAL MEETING
Florida Medical Association	John R. Boling, Tampa	Robert B. McIver, Jacksonville	Jax., Apr. 22, 23, 24, 1946
Florida Medical Districts:			
A—Northwest	Courtland D. Whitaker, Marianna	Stewart Thompson, Jacksonville	Pensacola, 1946
B—Northeast	L. Y. Dyrenforth, Jacksonville	" " "	Gainesville, 1946
C—Southwest	Edgar Watson, Lakeland	" " "	St. Petersburg, 1946
D—Southeast	William Y. Sayad, W. Palm Beach	" " "	Ft. Lauderdale, 1946
American Medical Association	Herman L. Kretschmer, Chicago	Olin West, Chicago	San Francisco, July 1-5, 1946
Southern Medical Association	E. Vernon Mastin, St. Louis	Mr. C. P. Loranz, Birmingham	
Alabama Medical Association	Walter F. Scott, Birmingham	D. L. Cannon, Montgomery	
Georgia, Medical Assn. of	Cleveland Thompson, Millen, Ga.	E. D. Shanks, Atlanta	Macon, Canceled
Florida—			
Section, Am. College Phys.	Meredith Mallory, Orlando	Rollin D. Thompson, Orlando	Jacksonville, Canceled
Basic Science Exam. Board	M. W. Emmel, D.V.M., Gainesville	J. F. Conn, Ph.D., DeLand	Gainesville, June 4, 1946
Dental Society, State	W. P. Wood, D.D.S., Tampa	A. J. Fillastre, D.D.S., Lakeland	
Derm. and Syph., Soc. of	J. Frank Wilson, Jacksonville	Wesley W. Wilson, Tampa	Jacksonville, Apr. 22, 1946
East Coast Medical Association	T. C. Kenaston, Cocoa	I. M. Hay, Melbourne	Postponed
Hospital Association	Gertrude Overstreet, Gainesville	Mr. H. A. Cross, Jacksonville	Miami, May, 1946
Hospital Service Corporation	Mr. W. E. Arnold, Jacksonville	Mr. H. A. Cross, Jacksonville	
Industrial Surgeons. Assn. of	Kenneth A. Morris, Jacksonville	A. M. Bidwell, Tampa	Jacksonville, Apr. 22, 1946
Medical Examining Board	J. B. Kollar, Vero Beach	H. D. Van Schaick, Miami	Jacksonville, June, 1946
Medical Postgraduate Course	Turner Z. Cason, Jacksonville	Chairman	
Nurses Association, State	Mrs. C. Lindabury, Miami Beach		
Ophthal. & Otol., Soc. of	C. E. Dunaway, Miami	Wm. Y. Sayad, West Palm Beach	Jacksonville, Apr. 22, 1946
Pathological Society	L. Y. Dyrenforth, Jacksonville	Iva C. Youmans, Miami	Jacksonville, Apr. 22, 1946
Pediatric Society	Ludo von Meysenbug, Daytona B.	Robert Blessing, Ft. Lauderdale	Jacksonville, Apr. 22, 1946
Pharmaceutical Association, State	Mr. H. B. Douglas, Bonifay	Mr. R. Q. Richards, Ft. Myers	Miami, Postponed
Public Health Association	George A. Dame, Jacksonville	E. M. L'Engle, Jacksonville	
Radiological Society	John A. Pines, Orlando	James F. Pitman, Lake City	Jacksonville, Apr. 21-22, 1946
Railway Surgeons' Association	Frank D. Gray, Orlando	W. C. Page, Cocoa	Postponed for Duration
Tuberculosis & Health Assn.	Mrs. Alexander Blair, Lake Placid	Mrs. May Pynchon, Jacksonville	
Chattahoochee Valley Med. Assn.	Herbert E. White, St. Augustine	Robert B. McIver, Jacksonville	Postponed
Gulf Coast Clinical Society	G. G. Oswalt. Mobile, Ala.	C. L. Rutherford, Mobile, Ala.	Postponed
S.E. Sec., Am. Cong. Phys. Ther.	John J. McGuire, Pensacola	Kenneth Phillips, Miami	Jacksonville, Apr. 22, 1946
Southeastern Surgical Congress	Alton Ochsner, New Orleans	B. T. Beasley, Atlanta	Memphis, Mar. 11-13, 1946
Suwannee River Medical Society	L. J. Arnold, Jr., Lake City	H. S. Howell, Lake City	

	SOCIETY	PRESIDENT	SECRETARY	MEETING DATE	MEMBERS Total	MEMBERS Paid	COUNCILOR
A	Bay	Don S. Fraser, M.D. 456 Grace Ave. Panama City	J. O. Barfield, M.D. County Health Unit Panama City		12	4	
A	Escambia *Santa Rosa	Carol C. Webb, M.D. 24 W. Chase St. Pensacola	Lee Sharp, M.D. 24 W. Chase St. Pensacola	2nd Tuesday 8:00 P.M.	49	16	A-1-46 C. D. Whitaker, M.D. Marianna
A	Franklin-Gulf	T. Meriwether, M.D. Wewahitchka	J. R. Norton, M.D. Port St. Joe	3rd Tuesday Odd Months	6		
A	Jackson *Calhoun	D. A. McKinnon, M.D. Marianna	C. A. Adams, Jr., M.D. Marianna	2nd Tuesday 7:30 P.M.	13	4	
A	Walton-Okaloosa	E. L. Huggins, M.D. DeFuniak Springs	A. G. Williams, M.D. Lakewood	3rd Thursday 8:00 P.M.	6		
A	Washington-Holmes	N. J. Dawkins, M.D. Vernon	B. W. Dalton, M.D. Vernon	[illegible]	6	1	
B	Columbia *Baker, Hamilton	James F. Pitman, M.D. Blanche Hotel Annex Lake City	Thomas H. Bates, M.D. Blanche Hotel Annex Lake City	1st Monday 7:30 P.M.	14	9	A-2-47 G. Wilmont Brown, M.D. Tallahassee
B	Leon-Gadsden-Liberty-Wakulla-Jefferson	John L. Williams, M.D. Tallahassee	G. H. Garmany, M.D. Midyette-Moor Bldg. Tallahassee	Quarterly 8:00 P.M.	38	7	
B	Madison-Suwannee	Eustace Long, M.D. Madison	E. D. Thorpe, M.D. Madison		9	3	
B	Taylor *Dixie, Lafayette	W. J. Baker, M.D. Foley	C. A. O'Quinn, M.D. Perry	Last Friday 8:00 P.M.	4		
B	Alachua *Bradford, Gilchrist, Union	Chester F. Ahmann, M.D. 1043 W. Masonic Gainesville	Stuart D. Scott, M.D. Gainesville	2nd Wednesday 7:30 P.M.	27	7	B-3-46 L. Y. Dyrenforth, M.D. Jacksonville
B	Duval *Clay	F. L. Fort, M.D. 201 Medical Arts Bldg. Jacksonville 4	Leo M. Wachtel, M.D. 352 St. James Bldg. Jackonville 2	1st Tuesday 8:15 P.M.	201	61	
B	Marion *Levy	Thomas H. Wallis, M.D. 104 S. Magnolia St. Ocala	B. F. Drake, M.D. Professional Bldg. Ocala	3rd Wednesday 12:30 P.M.	26	21	
B	Nassau	D. G. Humphreys, M.D. Fernandina	John W. McClane, M.D. Fernandina	2nd Wednesday 8:00 P.M.	6		
B	Putnam	E. W. Ford, M.D. Crescent City	B. E. Kane, M.D. Crescent City	2nd Tuesday Even Months 7:00 P.M.	9	2	
B	St. Johns	Charles C. Grace, M.D. East Coast Hospital St. Augustine	Donald T. Rankin, M.D. East Coast Hospital St. Augustine	3rd Tuesday 8:30 P.M.	12	3	
C	Brevard	A. F. Thomas, M.D. 416 Brevard Ave. Cocoa	I. K. Hicks, M.D. Melbourne	3rd Wednesday	11	3	B-4-47 C. McK. Tyre, M.D. Eustis
C	Lake *Sumter	H. S. Cherry, M.D. Center Hill	R. H. Williams, M.D. Eustis	1st Thursday 12:30 P.M.	16	2	
C	Orange *Osceola	Roland T. White, M.D. 211 S. Rosalind Ave. Orlando	Albert C. Kirk, M.D. 823 E. Colonial Dr. Orlando	3rd Wednesday 8:00 P.M.	96	30	
C	Seminole	James A. Smith, M.D. 112 W. 20th St. Sanford	Leland H. Dame, M.D. Co. Health Unit Sanford	2nd Tuesday 5:30 P.M.	13	1	
C	Volusia *Flagler	Geo. M. Green, M.D. Medical Bldg. Daytona Beach	R. L. Miller, M.D. 258½ S. Beach St. Daytona Beach	2nd Tuesday 7:30 P.M.	43	14	
C	Hillsborough	C. W. Bartlett, M.D. 310 1st Natl. Bk. Bldg. Tampa 2	H. G. Cole, M.D. 520 Citizens Bldg. Tampa 2	1st Tuesday 8:00 P.M.	115	31	C-5-47 W. Wardlaw Jones, M.D. Dade City
C	Manatee	M. M. Harrison, M.D. Professional Bldg. Bradenton	L. W. Blake, M.D. Box 318 Bradenton	3rd Tuesday 7:00 P.M.	12	2	
C	Pasco-Hernando-Citrus	W. H. Walters, M.D. Lacoochee	G. R. Creekmore, M.D. Brooksville	2nd Thursday 7:00 P.M.	11	2	
C	Pinellas	A. M. Feaster, M.D. 166 4th Ave., N.E. St. Petersburg 4	W. C. McConnell, M.D. 313 First Federal Bldg. St. Petersburg 4	1st and 3rd Fridays 6:30 P.M.	111	86	
C	Sarasota	Frank L. Hall, M.D. 252 Arlington Ave. Sarasota	J. M. Butcher, M.D. 209 Commercial Court Sarasota	2nd Tuesday 8:30 P.M.	20	7	
C	DeSoto-Hardee-Highlands-Charlotte-Glades	L. W. Martin, M.D. Sebring	C. H. Kirkpatrick, M.D. Box 389 Arcadia	Annually for Duration	19	100%	C-6-46 Edgar Watson, M.D. Lakeland
C	Lee *Collier, Hendry	C. G. Merrick, M.D. 26 Leon Bldg. Fort Myers	W. A. Harrison, M.D. 1029 First St. Fort Myers	3rd Tuesday 7:30 P.M.	19	4	
C	Polk	Benjamin J. Bond, M.D. Winter Haven	Edgar Watson, M.D. Box 1021 Lakeland	2nd Wednesday 1:00 P.M	63	11	
D	Palm Beach	Guy W. Heath, M.D. 409 Harvey Bldg. W. Palm Beach	William H. Weems, M.D W. Palm Beach	4th Monday 8:00 P.M.	67	15	D-7-46 William Y. Sayad, M.D. West Palm Beach
D	St. Lucie-Okeechobee-Indian River-Martin	L. L. Whiddon, M.D. 139 N. 4th St. Ft. Pierce	Adrian M. Sample, M.D. Box 176 Ft. Pierce	3rd Thursday 8:00 P.M.	16	5	
D	Broward	Francis D. Pierce, M.D. 406 Blount Bldg. Ft. Lauderdale	F. Leslie Snyder, M.D. 315 Sweet Bldg. Ft. Lauderdale	4th Tuesday 8:00 P.M.	50	10	D-8-47 E. M. Hendricks, M.D. Ft. Lauderdale
D	Dade	J. W. Snyder, M.D. 402 Huntington Bldg. Miami 32	George C. Austin, M.D. 140 N. W. 59th St. Miami 38	1st Tuesday 8:30 P.M.	363	112	
D	Monroe	James B. Parramore, M.D. 523 Whitehead St. Key West	William G. Page, M.D. Box 428 Key West	2nd Thursday 8:00 P.M.	7	2	

*Supervise and aid until organized separately.



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For Nasal Decongestion

THERAPEUTIC APPRAISAL: Quick acting, long lasting . . . nasal decongestion without compensatory recongestion; relatively free from cardiac and central nervous system stimulation; consistently effective upon repeated use; no appreciable interference with ciliary activity; isotonic to avoid irritation.

INDICATED for symptomatic relief in common cold, sinusitis, and nasal manifestations of allergy.



Samples Upon Request

ADMINISTRATION may be by dropper, spray or tampon, using the ¼% in saline or in Ringer's solution in most cases—the 1% in saline when a stronger solution is indicated. The ½% jelly in tubes is convenient for patients to carry.

SUPPLIED as ¼% and 1% in isotonic salt solution, and as ¼% in isotonic solution of three chlorides (Ringer's), bottles of 1 fl. oz.; ½% jelly in ⅜ oz. collapsible tubes with applicator.

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Old Way . . .

CURING RICKETS in the CLEFT of an ASH TREE

FOR many centuries,—and apparently down to the present time, even in this country—ricketic children have been passed through a cleft ash tree to cure them of their rickets, and thenceforth a sympathetic relationship was supposed to exist between them and the tree.

Frazer* states that the ordinary mode of effecting the cure is to split a young ash sapling longitudinally for a few feet and pass the child, naked, either three times or three times three through the fissure at sunrise. In the West of England, it is said the passage must be "against the sun." As soon as the ceremony is performed, the tree is bound tightly up and the fissure plastered over with mud or clay. The belief is that just as the cleft in the tree will be healed, so the child's body will be healed, but that if the rift in the tree remains open, the deformity in the child will remain, too, and if the tree were to die, the death of the child would surely follow.

*Frazer, J. G.: The Golden Bough, vol. 1, New York, Macmillan & Co., 1923



It is ironical that the practice of attempting to cure rickets by holding the child in the cleft of an ash tree was associated with the rising of the sun, the light of which we now know is in itself one of Nature's specifics.

New Way . . .

Preventing and Curing Rickets *with* MEAD'S OLEUM PERCOMORPHUM

NOWADAYS, the physician has at his command, Mead's Oleum Percomorphum, a Council-Accepted vitamin D product which actually prevents and cures rickets, when given in proper dosage.

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The JOURNAL of the Florida Medical Association, Inc.

Vol. XXXII MARCH, 1946 No. 9

THE N.Y. ACADEMY OF MEDICINE
MAR 12 1946

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The Prostate Gland in Men Over Fifty
James J. Nugent

Treatment of Acute Cardiac Decompensation
Arnold S. Anderson

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An Editorial

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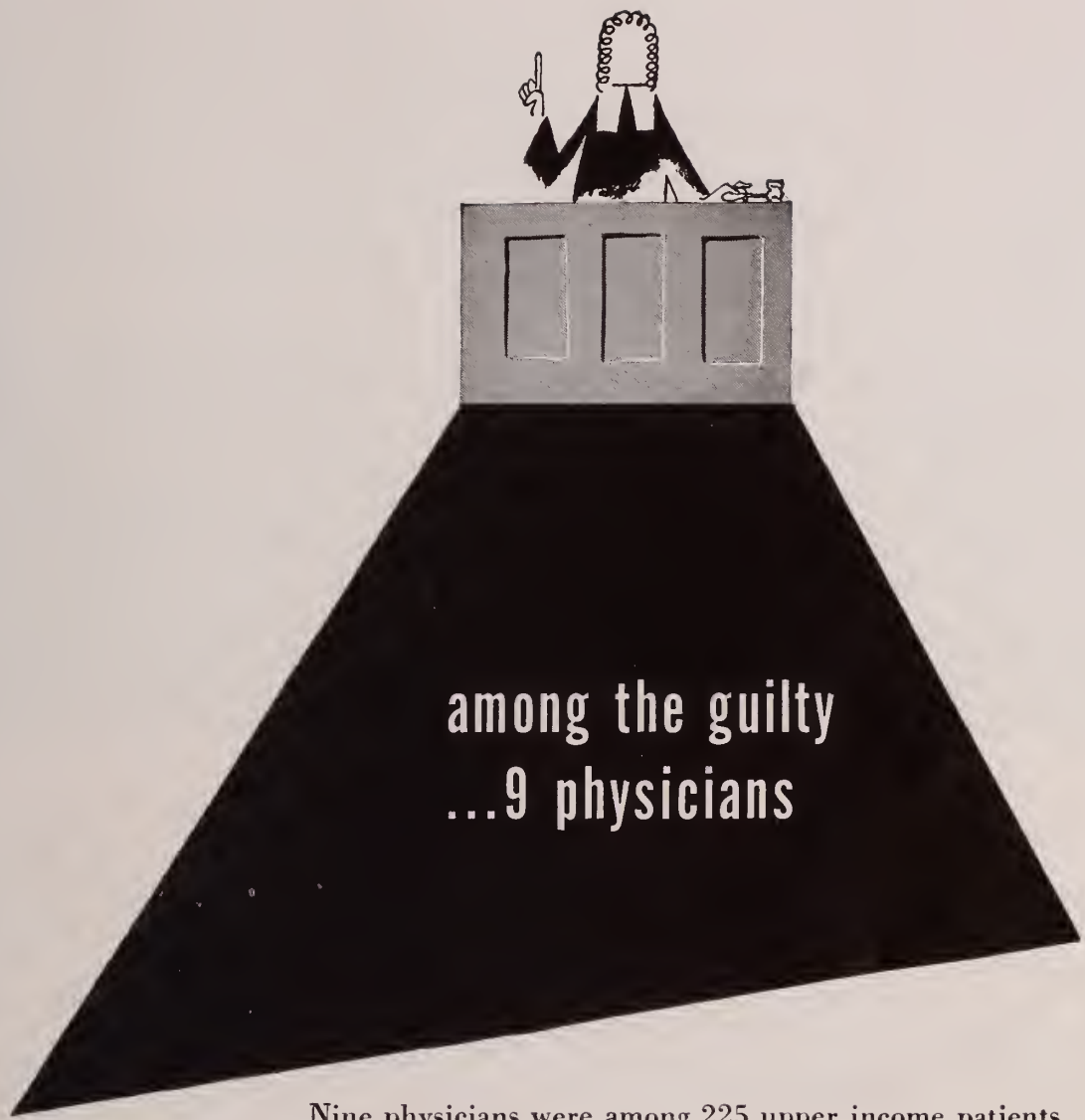
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1. New England J. Med. **228**:118 (Jan. 28) 1943.
2. J. A. M. A. 129:613 (Oct. 27) 1945.

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1. Dickinson, R. L.: Techniques of Conception Control. Baltimore, Williams and Wilkins Co., 1942.
2. Eastman, N. J., and Scott, A. B.: Human Fertility 9:33 (June) 1944.
3. Warner, M. P.: J. A. M. A. 115:279 (July 27) 1940.

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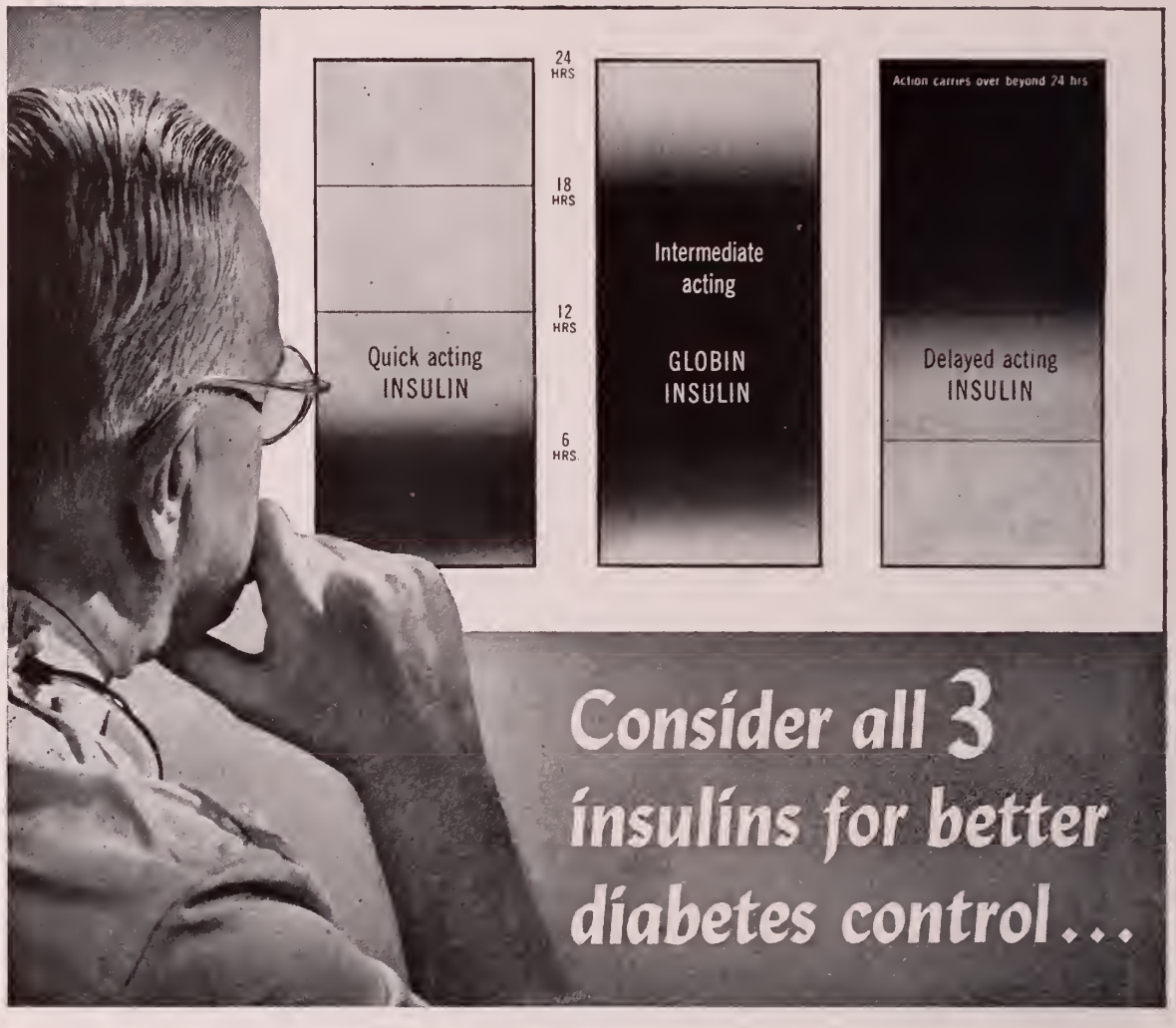
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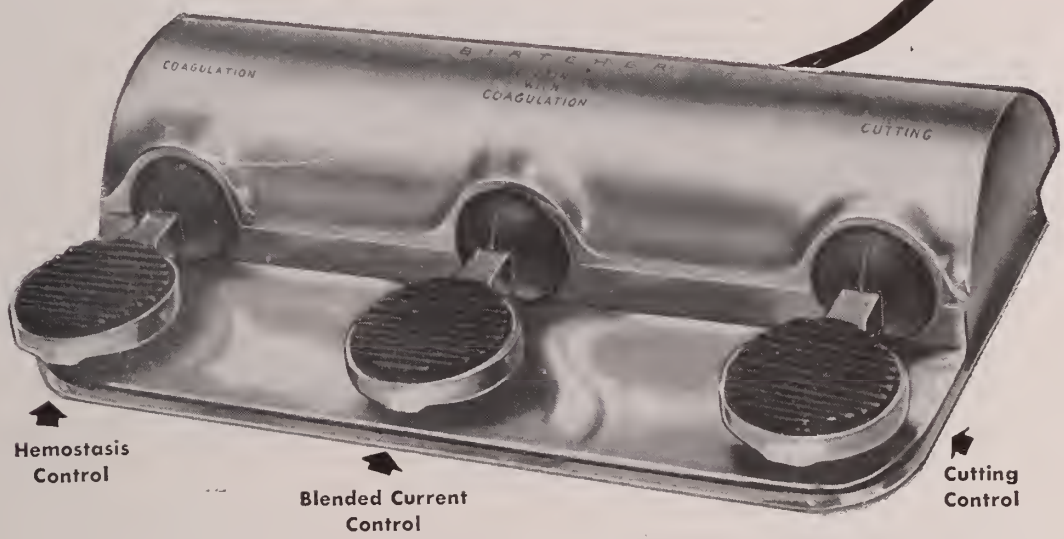
*Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154

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*Anderson, Geo. K., M.D.: *The Importance of Protein in Diet Therapy,* J. Am. Dietet. A. 21:436 (July-August) 1945.

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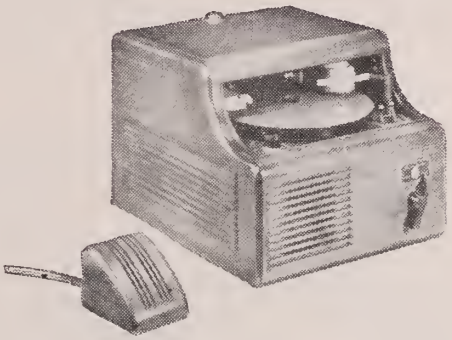
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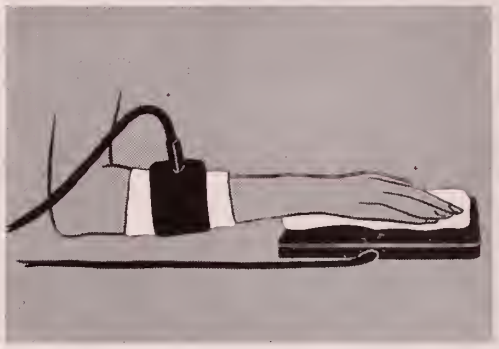
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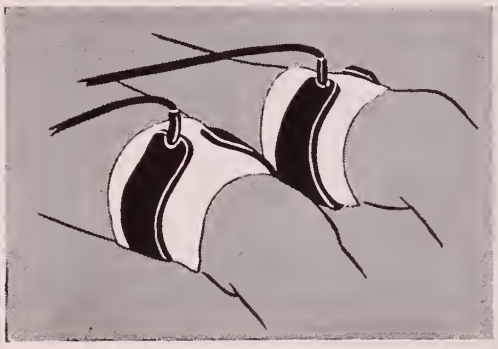
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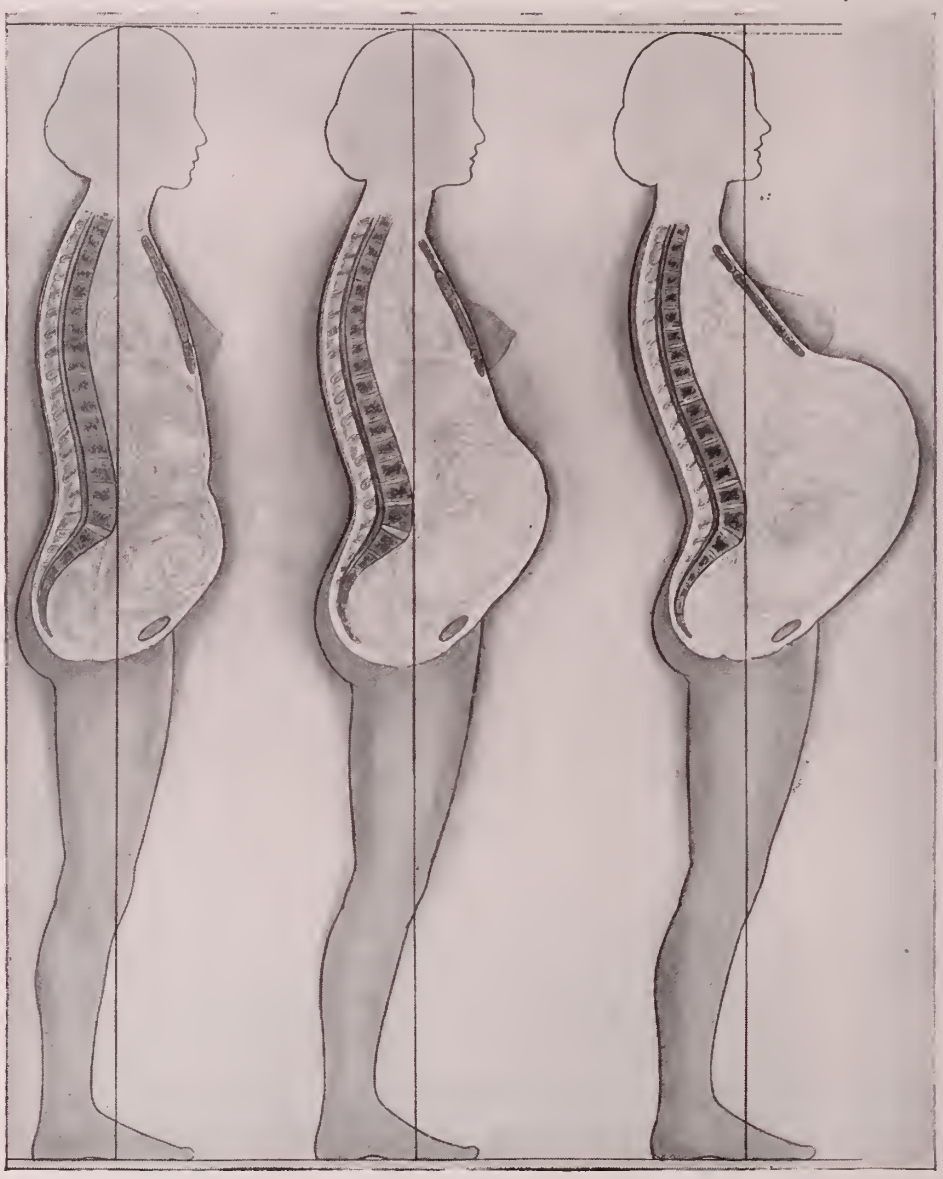
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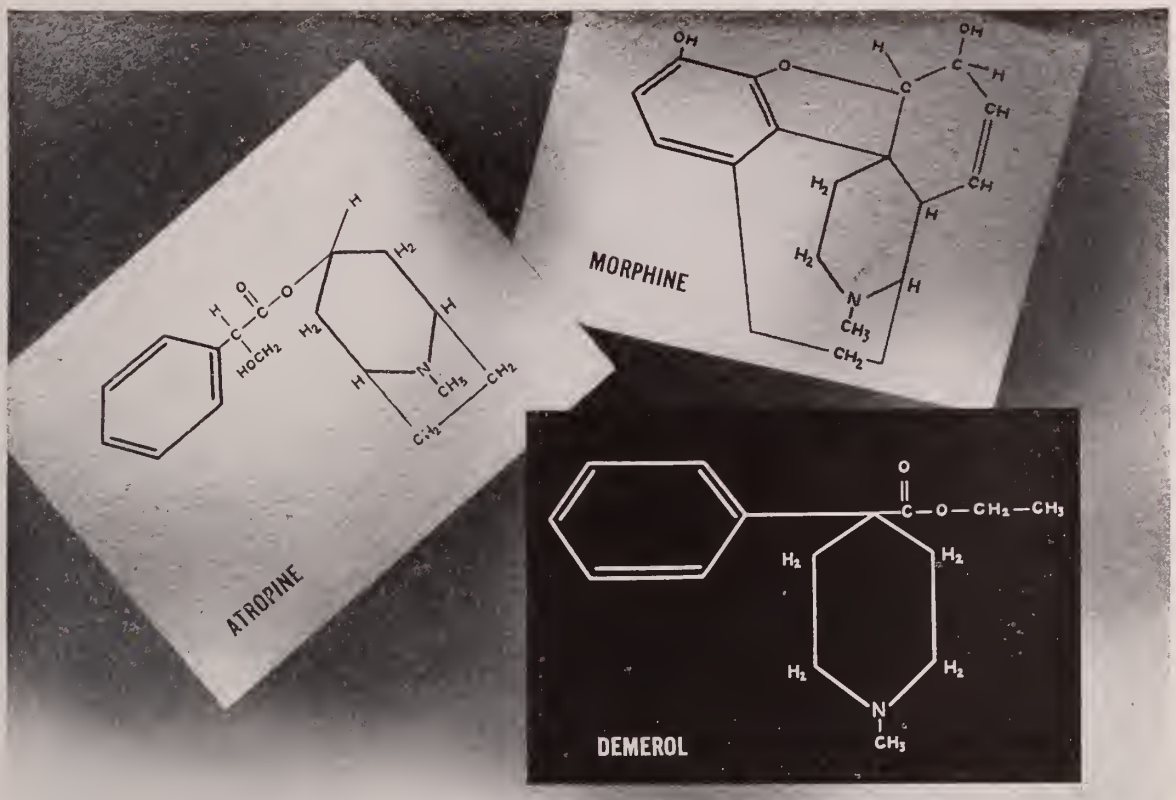
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THE PROSTATE GLAND IN MEN OVER FIFTY

JAMES J. NUGENT, M. D.
MIAMI

A discussion of the problem of the prostate gland in men past 50 years of age can be divided conveniently into three parts: infection, benign hyperplasia and malignant tumor. Although some statement in this paper may apply equally as well to the prostate in younger men, for the purpose of clarity all references to the prostate will presume the limitation of the title of this paper, "The Prostate Gland in Men Over Fifty."

Infection of the prostate is common after the age of fifty. The infection usually is chronic and persistent. The colon bacillus and the staphylococcus, either alone or together, are the most frequent pathogens. Streptococcus fecalis is often present. Any other organism may be present, including the trichomonads. In this locality, the tubercle bacillus is uncommon. In this era of chemotherapy, gonorrheal prostatitis has become uncommon. In many instances it is impossible to demonstrate any kind of bacteria either by smear or by culture. Detailed diagnostic methods may be found in standard textbooks and are little changed in recent years.

Treatment, likewise, has changed little in recent years. Prostatic massage still continues to be the most efficacious treatment. The effect of sulfonamides has generally been negligible. Penicillin has no appreciable effect in more than two thirds of the cases of prostatitis. These results do not imply that treatment is useless. They merely mean that chemotherapy has not yet replaced the established treatment directed toward eradication of inadequate drainage, strictures and obstruction, prostatic calculi, focal infection and depleted immunity.

Benign hyperplasia or hypertrophy of the prostate is an especially important problem for men over 50 years of age. In 25 per cent of the men over this age hypertrophy of the prostate develops.[1] Eventually it becomes necessary to operate in 50 per cent of the cases of prostatic hypertrophy. Still more important, carcinoma is present in 21 per cent of the prostates which have been removed.[2] One in 4 men suffers from prostatic hypertrophy with a fifty-fifty chance that operation will be necessary. Of those men who have hypertrophy, 1 in 10 will also have carcinoma. In a group of 100 men over 50, hypertrophy will develop in 25, and 12 will need an operation. Of the 12 prostates removed, 3 will contain carcinoma. Of the 88 men not operated on, carcinoma of the prostate will develop in 11. These facts indicate the importance of a rectal examination of the prostate.

The management of benign hypertrophy of the prostate depends entirely on the factors of each case. One half of the patients with prostatic hypertrophy will not need an operation. Some of these patients, however, will need treatment. Infection, residual urine, glycosuria, dehydration, constipation, nervousness and nervous disorders, apoplexy, insomnia, exposure to cold, fatigue and many other factors may have a deleterious effect on an otherwise asymptomatic hypertrophied prostate. Obviously, treatment depends on the complicating factor present. After an accurate evaluation has been made of the status of the urinary tract, and of the patient, many cooperative men can be carried along for many months. These are in the group which is able to avoid operation even though benign hypertrophy of the prostate is present. It is true that many of these men would need to be operated on were it not for the fact that they succumb to some other disease before operation is necessary. Nevertheless, careful management enables many elderly men to avoid an operation on the prostate.

For that group of men who must be operated on, 12 out of every 100 over 50, the prognosis has improved greatly in recent years. This improvement is the result of many factors:

Elderly men have been taught that difficult urination is not a concomitant of old age, something to be endured as unavoidable. They tend to seek treatment before irreparable damage has been done.

Physicians have learned to search for and recognize early hypertrophy of the prostate.

Urologic instruments and technic have been improved.

Safe intravenous fluids and whole blood have become available.

The control of infection has been greatly facilitated by the discovery of such drugs as mandelic acid, the sulfonamides and penicillin.

These factors, together with others less important, have enabled the urologic surgeons to reduce the mortality of prostatic surgery from a frightful fifty-fifty proposition to the point where it is not unusual to read a report of 100 operations without a fatality.

Less than 5 per cent of the patients die following an operation for benign hypertrophy of the prostate. In the group of patients who die, there are many who are such poor operative risks that any major surgical procedure would be extremely hazardous. But sometimes an operation is imperative irrespective of how severe the cardiac failure, the diabetes, the hypertension or other complications may be.

The control of the effects of the degenerative diseases in these elderly patients with prostatic disease requires extremely careful medical care. The medical consultants are entitled to a full share of the credit in the successful management of the patient in whom prostatic obstruction develops. Proper control of hypertension, cardiac disease, diabetes, debility and other such conditions may mean the difference between life and death after operation. It sometimes requires intuitive judgment to determine the optimum time for operation. If the optimum time is not recognized, it may be that the patient can never again be brought back to such a good physiologic state. Since many of these old men are living on their reserve, it is difficult to maintain ideal physiologic efficiency for long. Thus it is that, once improvement has been judged maximum, the operation almost becomes an emergency.

The approaches to the medical care of these aging patients are multiple. Every means is used to support the cardiovascular system. The prophylactic use of the oxygen tent is desirable, on occasion. It has been found that the circulatory system will tolerate an increased blood volume better than the patient can tolerate the anemia which is usually present. Infusions of whole blood are administered liberally. Bed rest is dangerous, since it leads to circulatory stasis and its complications. Most patients are out of bed on the first or second day after a prostatic operation, even if they are so weak that they have to be carried to a chair. Ambulation is an extremely important phase of both the preoperative and postoperative care of these men. Effective chemotherapy is a happy advantage which was not available ten years ago.

When all of these medical phases have been properly handled, the prognosis rests in the ability of the urologic surgeon to perform the proper type of operation and, equally important, at the proper time. It is in this group of old physiologic derelicts that the majority of fatalities occur after surgical treatment of the prostate.

Among those men who are well preserved, it can be expected that 98 or 99 of every 100 will survive a prostatic operation. It is from this group that the spectacular statistics have been compiled. In studying the problem of benign hypertrophy of the prostate, it is important to remember the differences between these two groups. Consideration of the matter leads to the conclusion that the state of preservation of the man is more important than his age, the size of his prostate, or the type of operation which is properly performed.

There are three types of operation for the removal of the prostate gland: the suprapubic, the perineal and the transurethral. There has been a considerable amount of controversy and disagreement over the efficacy of each of these operations. Enthusiastic advocates of each type have supported their contentions with an arresting array of statistics. A conservative and analytic view of the matter suggests that, if most of the patients come from the well preserved group, any of the three types of operation will give satisfactory results while, if most of the patients come from the poorly preserved group, any of the three may be expected to give less satisfactory results. In some cases, the type of operation is very important. In other cases, it makes little difference which type of operation is employed. When good urologic surgeons operate on well preserved men, a mortality rate approaching 1 per cent can be expected from any one of the three types of operation.

Enucleation of the prostate through a suprapubic incision of the bladder was the first operation devised for the relief of prostatic obstruction. It was widely used in the days before there were many specialists in urology. The method required little special treatment and was so easy to learn that many unqualified surgeons performed the operation. The high mortality rate in those days was probably due more to the condition of the patients and the inability of the surgeons to cope with the complications than to the operative procedure itself. Even today, the

occasional operator has the same problems because of his unfamiliarity with urologic equipment. Under such circumstances, it is not just to give the method of operation a higher mortality rate than it deserves. Suprapubic prostatectomy is a widely accepted procedure today and, when performed by skilled urologic surgeons on well preserved patients, has a low mortality rate comparable to that of perineal prostatectomy or transurethal resection.

After suprapubic operation on well preserved men, the patients may eat a regular diet after twenty-four hours and often are ambulatory after forty-eight hours. Urinary drainage may cease after the fifth day, and some of the patients go home by the tenth day. It is unusual for a well preserved man to stay in the hospital longer than two weeks after operation.

There is one factor associated with the suprapubic procedure which needs clarification. Since the removal of the prostate is often preceded by the operation of cystotomy for the purpose of drainage of the bladder, it is often considered that suprapubic prostatectomy is necessarily a two stage operation. Suprapubic prostatectomy is a single operation and is often done without preliminary cystotomy. The preliminary cystotomy is done for the purpose of continuously draining the bladder during the period in which the patient is being prepared to stand a major operation. Though preliminary drainage can often be accomplished by means of an inlying urethral catheter, there are many men who have so much discomfort from such a catheter that it can be tolerated for only a few days. If it requires weeks or months to correct cardiac decompensation, renal insufficiency, anemia, toxemia and like conditions, a suprapubic drain is the only practical means of maintaining an adequate flow of urine. Though the occurrence is not as frequent as in yesteryear, urologists still send an occasional patient home with a suprapubic retention catheter to be worn for weeks or months while he recovers his health and vitality sufficiently to survive prostatectomy.

When the time for operation arrives, suprapubic enucleation is usually the method used for the removal of the prostate because an opening into the bladder already exists. But the transurethral and perineal methods are also used when the urologist judges them to be more efficacious.

Patients who require preliminary suprapubic drainage are part of the poorly preserved group. Any operation on these men is attended by a higher mortality rate. Since, when a suprapubic opening into the bladder already exists, a suprapubic enucleation is usually the procedure performed, the high mortality rate that accompanies operating on these men who are poor risks is attached to the suprapubic operation. A high mortality rate would be attached to the other two methods also if they were employed.

There has been much discussion about suprapubic enucleation of the prostate because, for some reason, the operation seems to carry a stigma in the minds of the physicians and the patients. It is doubtful that the stigma is warranted.

Perineal prostatectomy is the second method which was devised for the removal of the prostate. The principle is similar to that of suprapubic enucleation, but the enucleation is done under vision by means of an approach through the perineum in front of the rectum. Each method having its advantages, a singular advantage of the perineal approach is the opportunity afforded the surgeon to combat carcinoma. Since carcinoma arises in the posterior lobe, the exposure permits the surgeon to see, feel and take a specimen of the gland for biopsy in the portion in which carcinoma is most superficial. If carcinoma is present, continuation of the dissection permits the performance of a radical removal of the prostate and its capsule and the seminal vesicles. The total removal of the prostate and seminal vesicles can be done only by the perineal approach.

The perineal method is attended by the same minimal effect of shock that accompanies a vaginal hysterectomy. It is a one stage procedure. The perineal wound gives excellent dependent drainage, which results in a minimum of febrile reaction from infection. Urinary drainage could be completely avoided by the use of a urethral catheter, but the advantage of dependent drainage would be lost. The patients usually eat a regular diet after twenty-four hours and are out of bed after forty-eight hours. On well preserved men, the mortality rate approaches 1 per cent.

Transurethral resection was the third method devised for relieving obstruction due to hypertrophy of the prostate. An instrument called a resectoscope is used to cut out small bits of prostatic tissue. As many successive cuts are made

as are necessary to permit normal urination and complete emptying of the bladder. When first developed, the resectoscope was used on small fibrous collar type obstructions and narrow median lobe hypertrophy, often called a median bar. As the instruments were improved and the surgeons became more skilled, it became possible to remove larger and larger amounts of tissue. Some of the most skilled urologists have done several thousand resections and have been able to remove successfully the obstructing tissue in the extremely large prostates. A few use no other method, regardless of the attending conditions, even if a second resection is necessary to relieve the obstruction completely.

Transurethral resection is a closed method without external incision or urinary drainage. These factors appeal to the patients although they probably are of little importance in relation to the mortality rate. As in the other two methods, the patient can be out of bed early, usually within forty-eight hours, and can usually continue with a regular diet after twenty-four hours.

The size of the prostate is a more important factor when the surgeon contemplates resection than when he contemplates enucleation by the other two methods. A large prostate can be enucleated as rapidly as a small prostate, but a large prostate cannot be resected as rapidly as a small prostate. Since every bit is the same size, the number of cuts necessary is in proportion to the size of the gland. This factor is important in the amount of operative shock which is incurred. The shock factor increases rapidly when resection continues longer than forty-five minutes. It is for this reason that many urologists elect to remove the larger prostates by suprapubic or perineal enucleation, which can usually be done in twenty-five or thirty minutes.

Transurethral resection is attended with many technical details which require meticulous constant supervision by the urologist, especially during these recent war years. Failure of any piece of the intricate electrical apparatus interferes with the smooth completion of the operation. An untrained assistant is almost worse than no assistant. The closed system of drainage is subject to interruption. These factors are easily handled by trained attendants, but having trained attendants available is a problem readily understood.

In well preserved patients, the mortality rate after transurethral resection is about the same as that for suprapubic and perineal prostatectomy. When resection is done on the poorly preserved patients, the attending complications naturally cause a higher mortality rate.

It has been shown that a great many factors influence the outcome of an operation for benign hypertrophy of the prostate. Competent medical management and good judgment in the timing of the operation are extremely important. When the urologist can perform all three types of operation, a conservative attitude will lead him to choose the method of operation which he thinks will be most suitable for each case. It would seem best that patients and physicians leave the choice of method of operation to the judgment of the urologist just as the choice of method of operation for gastric ulcer or carcinoma of the rectum or fracture of the femur is left to the best judgment of the operating surgeon. I concur with those urologists who believe that it is better to fit the operation to the patient than to try to fit the patient to the operation.

Carcinoma of the prostrate is a frequent disease in men over 50.[3, 4] Fourteen per cent of the men over this age have carcinoma of the prostate. In Dade County,[5] in 1944, only 4 men died of benign hypertrophy of the prostate whereas 17 men died of carcinoma of the prostate. In men, only carcinoma of the stomach and rectum occurred more frequently than carcinoma of the prostate. It is regrettable that so many men died of carcinoma of the prostate when an early diagnosis can be made and there is a curative operation for cases without metastasis.

Carcinoma of the prostate starts in the posterior lobe, which is that portion of the prostate immediately next to the rectal wall and most easily reached by the examining finger. There is a distinct difference in the consistency of normal prostatic tissue and carcinomatous prostatic tissue. The normal prostate is resilient, elastic and rubbery, while the carcinomatous tissue is hard and unyielding. If the malignant lesion is just beginning to grow, it is a localized hard nodule giving a tactile sensation like one would expect from a hard stone imbedded in the prostate. In diagnosis, carcinoma must be differentiated from conditions such as tuberculosis and calculus. But even if the examining physician cannot make a differential diagnosis, he should be sus-

picious of hardness in the prostate. Since the only symptoms are those arising from urinary obstruction or metastasis, both advanced conditions, it is the responsibility of the medical profession to pick up the early cases. Since 14 of every 100 men over 50 have carcinoma of the prostate, it is imperative that every man over this age have a rectal examination at regular intervals.

If carcinoma of the prostate has not broken through the capsule of the gland, the malignant condition can be cured by a radical perineal operation. The operation is more extensive than simple enucleation of hypertrophied lobules and includes removal of all of the prostatic urethra, the entire prostate, some of the neck of the bladder and both seminal vesicles. After operation, the patient urinates, but there is total loss of potency. Since carcinoma of the prostate usually grows very slowly, it seems as if it should be possible to diagnose the disease early enough to give the patient a chance for cure by operation.

A remarkable discovery, made a few years ago, has been a merciful boon to thousands of men with advanced carcinoma of the prostate. It was found that removal of the testicles arrested the growth of malignant disease and, more important, decreased the pain arising from the bone metastasis.

The response varies in different patients. In some cases there is so much regression of the metastatic lesions that they are no longer demonstrable roentgenologically. In most cases there is great to complete relief of pain. But in a few cases there is no appreciable effect on either the pain or the appearance of the metastatic lesions in the roentgenogram. The duration of the beneficial effect is variable also. Some patients seem to have been cured both physiologically and radiologically. Most men enjoy a remission of pain for several years and then continue on the familiar course of cachexia and agonizing pain. A few obtain temporary partial relief for a few months and resume the downhill path.

Logical deduction led to the proposition that the beneficial effect of castration was due to the removal of the androgens and that the same effect might be obtained by administering estrogens. This proposition proved to be true. Since the entire concept is relatively recent, comparison of the results of the two methods requires some reservations. One unfortunate possibility attending the administration of stilbestrol is that the patient will stop taking the drug. It has been heartbreaking to have observed this occur. Castration effectively precludes this error on the part of the patient. The results observed up to this time indicate that castration is somewhat more effective than the administration of estrogens.

It is important to consider the hormone-castration concept as a means of palliation for inoperable cases of carcinoma of the prostate. The only opportunity to obtain a cure is the radical perineal prostatectomy. This opportunity is available only when an early diagnosis is made. Early diagnosis will be made only when physicians make a practice of examining the prostate in all men over 50.

SUMMARY

The incidence of infection, benign hyperplasia and malignant tumor of the prostate gland in men over 50 years of age emphasizes the importance of regular rectal examinations, early diagnosis and suitable treatment in dealing with this threefold problem. The surgical and medical management of the three types of cases in well preserved and poorly preserved patients is presented. The suprapubic, perineal and transurethral methods of removal of the prostate gland are discussed and evaluated, as is the hormone-castration concept in the treatment of carcinoma of the prostate.

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TREATMENT OF ACUTE CARDIAC DECOMPENSATION

ARNOLD S. ANDERSON, M.D.
ST. PETERSBURG

It is not my purpose to present a lengthy discourse on the treatment of acute cardiac decompensation. I merely want to point out certain helpful measures that you and I as physicians should apply when faced in the middle of the night by a patient having acute cardiac decompensation.

Let us make the scene realistic. You enter the house to find the members of the family completely flustrated, showing to the patient by their every action that they are fearful of the outcome. By the time you arrive, they may have administered some aromatic spirits of ammonia and also given to the household an atmosphere of doom. In their state of frenzy they may have called another physician or two.

As you enter the sickroom, there is a great sense of relief, unless of course you have made an unfavorable impression. You see before you a middle-aged person in great distress, sitting in a chair because he cannot breathe lying down. He is wheezing as if he had finished a race, the veins in his neck are distended, and his feet are edematous. Now, what is your problem?

Let us assume that you have applied rule number 1 by quieting the family with at least some appropriate word of kindness and reassurance. Rule number 2 is that you do not gum up the psychologic works by appearing owlish, overly apprehensive, or disinterested in the problem before you.

Remember that the patient is highly receptive and wants you to be his saviour in his moment of great distress. If any of you have been seriously ill at any time, you will recall how pleasant to you was the friendly approach of the physician. The importance of the psychologic reaction of a patient in a state of acute cardiac decompensation is not to be minimized. Upon it depends to a great extent the willingness of the patient to cooperate in every essential measure for the successful treatment of the ailment.

You apply the stethoscope and you hear many rales throughout both lungs. You also hear a loud heart murmur and are not sure whether it is systolic or diastolic or both, because of the irregular cardiac rhythm, which you conclude is auricular fibrillation. It does not matter what kind of a murmur it is; forget it for the time being. You have noticed an engorged liver, edematous legs and enlarged veins in the neck. You know that acute cardiac decompensation is present.

Your first duty is to give first aid. You know that 1/4 or 1/6 grain of morphine will tend to rest the heart, allay apprehension and produce sleep; and so you give it. Then you send the patient to the hospital if you consider it necessary.

There follows a number of questions. Does he need oxygen? If he is dyspneic, has a rapid pulse rate or is cyanotic, the chances are it will help him. Let him have it. What about digitalis? He has had none for the last few weeks, and the apex beat is about 140. I would give him 1.5 mg. of digoxin or its equivalent for the first dose and follow it in six hours with .25 mg. every six hours until the ventricular rate is around 70.

If you prefer the digitalis purpurea, you may give 7½ grains at the first dose and repeat it every four hours until 22½ grains has been taken, then 1½ grains once or twice a day, depending upon the pulse rate.

The question of bleeding comes up. If pulmonary edema is of great degree, engorgement of the liver severe and cyanosis present, then the removal of from 300 to 600 cc. of blood will frequently bring much relief.

After the patient has a good night under sedation, it is then time to apply the mercurials and salyrgan, with or without previous preparation with ammonium chloride or potassium nitrate. This therapy, however, gets us into the field of the follow-up on the management of the acute decompensation; so we leave that out of the present discussion.

Without elaborating on this specific case, let us briefly mention not all, but the most useful measures in the treatment of acute cardiac decompensation.

1. Morphine or its equivalent, grains ⅛ to ¼, depending upon the individual patient. If Cheyne-Stokes respiration is present, be hesitant about opiates which tend to depress the respiratory center.

2. Digitalis lanata or digitalis purpurea. In the past I think most of us have given too small initial doses. Begin it with courage, watch it with wisdom.

Read before the Pinellas County Medical Society, Nov. 2, 1945.

3. Oxygen. There is no question about the beneficial effects of sufficient oxygenation on the patient with acute cardiac decompensation. Make sure, however, that there is at least a 50 per cent concentration for combating cyanosis and dyspnea.

4. Bloodletting. This measure may be dramatically helpful at times as in severe pulmonary edema, engorgement of the liver and cyanosis, especially when hypertension is present.

There are other measures that should be mentioned, but time will not permit their consideration for the present. Perhaps discussion will bring them to our attention.

In closing, let me emphasize the importance of using good common sense in the treatment of cardiac emergencies. In our desire to do good we are apt to do too much and thereby undo the good that has meant so much.

105, 5th Street, South.

ABSTRACTS OF MEDICAL ARTICLES

FIVE YEAR SURVEY OF METHODS FOR ARTIFICIAL RESPIRATION, ROSS, BERNARD D., J. A. M. A. **129**: 443-447 (OCT. 6) 1945.

This report, authorized by the Council on Physical Medicine of the American Medical Association, summaries a five year study of methods for artificial respiration. With the cooperation of the U. S. Coast Guard and the Chicago, Detroit and Los Angeles fire departments, organizations having a trained life-saving crew prepared to render immediate service, to make fairly accurate reports and to keep records, 3,352 cases of asphyxia occurring during the years 1940 through 1944 were surveyed. They were separated into two major groups, those with complete cessation of respiration (1,633 cases with 227 survivals and 1,406 deaths) and those with abnormal respiration (1,719 cases with 1,679 survivals and 40 deaths). In the former group, cardiac cases comprised 8 per cent of the survivals and 55 per cent of the deaths and in the latter, 39 per cent of the survivals and 78 per cent of the deaths.

The tabulated data reveal that 153 patients with acute asphyxia, 80 of them newborn infants, were revived by the use of a resuscitator, a mechanical device for artificial respiration employing alternate blowing and sucking, none of whom showed evidence of injury from this procedure. In 58 patients with acute asphyxia resuscitation was effected by the Schafer prone pressure method. In these cases and in the additional 328 cases in which this method was used either entirely or in part, there was no report of fracture of the ribs, an injury said to be a possible result of improper use of this method. In no instance was revival reported when more than fifteen minutes had elapsed between the cessation of breathing and the start of artificial respiration.

THE CLINICAL SIGNIFICANCE OF PAIN IN ACUTE CORONARY OCCLUSION WITH MYOCARDIAL INFARCTION, KUGEL, M. A., MIAMI BEACH, J. MT. SINAI HOSP. **12**: 422-439 (JUNE) 1945.

In a study of 350 cases of coronary occlusion it was noted that pain was absent in less than 3 per cent. Refuting the general impression conveyed in the literature that there is wide divergence of opinion as to the frequency of acute coronary occlusion and myocardial infarction without pain, the author observed that all of the investigators who clearly define their criteria for pain and consider Libman's substitution symptoms as a manifestation of pain, likewise reported a very low percentage of cases characterized by absence of pain.

Emphasis is placed on the many cases in which symptoms are atypical and the pain mild or even in rare instances absent, and consideration is given to the various theories formulated to explain the mild symptoms. Of these explanations hyposensitivity finds most favor. The problem of the hyposensitive person is discussed and illustrative cases are presented. Attention is directed to manifestation of pain in the hyposensitive patient by substitution symptoms, or, in its absence, to the presenting symptoms of sudden dyspnea, sudden increase in myocardial failure, vertigo, syncope, digestive disturbances or collapse. The author warns that the serious nature of the underlying illness in such a case is most apt to be overlooked by both physician and patient and adds that the final diagnosis of acute coronary occlusion rests not on pain alone, even associated with seemingly characteristic electrocardiograms, but also on the history in great detail and the entire clinical picture.

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(Terms expire Dec. 31, 1947)

**Alternate for member in Armed Services.*

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CHICAGO CONFERENCE

The Conference of State Secretaries and Editors was held in Chicago on February 8 and 9. At this annual gathering of secretarial and editorial representatives of medical associations over the nation, the Florida Medical Association was represented by Dr. Robert B. McIver, Secretary-Treasurer, by Dr. Stewart G. Thompson, Managing Director, and by the Editor of the Journal.

The discussions were many and varied, interesting and dry, enlightening and evasive, humorous and sober. The most interest was shown in the discussion of medical service plans.

The question of medical service plans is undoubtedly one of the most pressing problems before the medical profession today, and it is one that must be dealt with without delay. Before we left for the conference, we were asked to learn what is being done about the national plan which was ordered by the House of Delegates of the American Medical Association at its last meeting. It is with little satisfaction that we report in the words of Mr. Jay Ketchum, Executive Vice President, Michigan Medical Service, who, in closing his address entitled "Progress Toward a National Medical Prepayment Plan," said, "Very little or no progress has been made."

Others attempted to explain the lack of progress. We gathered from the discussion that progress has not been made because the wording of the resolution adopted by the House of Delegates is not clear as to the form such a plan would take, leaving in doubt whether it should be an over all national plan or merely a coordination of the existing state plans now in operation. So while the house burns down, the firemen cannot decide whether to quench the flames by using one big stream of water from a large reservoir fed by many smaller reservoirs or many small streams from as many small reservoirs.

To permit this situation to exist seems silly and appears to be an admission on the part of those whose duty it is to formulate this national service plan that they are not equal to the task. We do not believe there is any doubt in the minds of the delegates regarding what was asked for, nor is there much doubt as to the temper of these delegates when they learn that "little or no progress has been made."

We are of the opinion that we must double our efforts to put into effective operation the medical service plan sponsored by the Association so that we can be in a position to cooperate with the associations of many other states having such plans in a concerted effort to combat federal control of medicine. H. L. P.

MISSING JOURNALS DONATED

After a search of over twenty years, the last two Journals needed to complete the annals of the Association have been located. One is dated June 1915 and the other May 1916. Now, for the first time in many decades, the Association has a complete set of its Journals, beginning with July 1914, which was the first issue published. It is with a great deal of satisfaction and pleasure that it is now possible to make this announcement.

The June 1915 Journal was located in the library of Emory University, and that of May 1916 in the Medical Science Department of the Detroit Public Library. Both of these Journals were graciously donated in order to complete the files of our Association.

Webster Merritt.

NUTRITION PROGRAM TO BE EXPANDED

The State Board of Health has always been concerned with the problem of nutrition in the state. It is doubtful, however, if proper nutrition, as a factor in maintaining health, has been given the consideration it deserves until in recent years. Physicians connected with the State Board of Health and those in private practice have for years recognized hookworm infestation as a major cause of malaise and physical debility owing to the accompanying anemia. Much time and effort have been expended in studying this disease, but the results obtained, though appreciable, have not been spectacular. Surveys still show a large percentage of school children in certain areas of the state to be infested.

Leathers, Keller and McPhaul,[1] in a survey made in 1937-1938 of 29,064 white persons living in rural communities in Florida, found 24.8 per cent to be infested with hookworms. In addition, they found the parasite present in 19.9 per cent of 4,121 specimens taken from Negroes. There is no reason to believe that a remarkable improvement has occurred since that time.

Abbott, Townsend and Ahmann[2] demonstrated that anemia is a serious problem among rural children in Florida. In a recent study of 2,205 rural white children, 42.3 per cent were found to have hemoglobin values of less than 11.4 Gm. per 100 cc., indicating a serious health problem. There is evidence that anemia is also present in many children who are not suffering from hookworm disease. Negro children seem to be more subject to anemia than white children in spite of their greater resistance to hookworm infestation. There is some likelihood that mineral deficiencies in the diet, and perhaps in the soil on which the food is grown, may account in some degree for the presence of anemia. It is natural to suspect that iron is one of the deficient minerals, but copper, cobalt, and other minerals, as well as certain vitamins and protein may play a role.

Last winter the State Board of Health, in cooperation with the State Nutrition Committee, sponsored nine clinical demonstrations on the subject of nutrition in several parts of the state including Tallahassee, Jacksonville, Leesburg and Miami. The examinations were made by Dr. Walter Wilkins, Public Health Nutrition Officer of the War Food Administration. The findings, reported in the May 1945 issue of Florida Health Notes, prompted an editorial in the Journal of the American Medical Association.[3] These demonstrations brought to light follicular conjunctivitis, hyperkeratosis, angular stomatitis, cheilochisis, blepharitis, spongy gums and various signs suggesting rickets. The laboratory tests revealed hookworm and anemia. These and other problems concerning the relationship between health and nutrition require careful study on a large scale.

To direct the work of an enlarged program, the services of Dr. Walter Wilkins have been secured. Dr. Wilkins, who received the degree of Ph.D. in biochemistry and nutrition from Vanderbilt University and later was graduated from the medical school of that institution, served for some time as director of the Division of Child Health and Nutrition of the North Carolina State Board of Health. From 1942 until in December, 1945, while commissioned by the United States Public Health Service, he did extensive work in nutrition for the War Food Administration in most of the 48 states.

We are looking forward to a cooperative program for nutritional investigation in Florida, in which the health department will carry its fair share of the load. This program will put Florida out in front among the states in attempting to throw more light on its public health nutritional problems. It is anticipated that this new public health activity will not be limited to investigation, but will include services along the lines of education, demonstration and consultation.

1. Leathers, W. S.; Keller, A. E.; and McPhaul, W. A.: Investigation Concerning Status of Hookworm in Florida, Am. J. Hygiene, Sec. D, 29:1-16 (Jan.) 1939.

2. Abbott, O. D.; Townsend, R. O., and Ahmann, C. F.: Hemoglobin Values for 2,205 School Children in Florida, Am. J. Dis. Child. 69:346-349 (June) 1945.

3. Nutrition of School Children, J. A. M. A. 128:1233 (Aug. 25) 1945.

Wilson T. Sowder, M.D.
State Health Officer.

MAKE HOTEL RESERVATIONS FOR CONVENTION

We believe it is timely now to remind the members of the Association that it will be necessary to secure hotel reservations well in advance of the meeting which will be held in Jacksonville on April 22, 23 and 24. Hotel facilities are taxed to capacity at present and the meeting of the Association, which is expected to be unusually large, will add to the already existing strain.

In 1945 the failure of the Association to convene was unprecedented in its history. And now in 1946 we shall see the first full meeting since the war forced the streamlining of conventions.

We look forward to renewing our friendships by personal contact and we anticipate a meeting that is not only large but unusually successful.

Why not make your hotel reservations now? Do it today.

Webster Merritt.

MEDICAL LICENSES GRANTED

Dr. H. D. Van Schaick, secretary of the State Board of Medical Examiners, has reported that of the 135 applicants who took the examination of the Board, held on Nov. 25 and 26, 1945, in Jacksonville, 98 passed and have been issued licenses to practice medicine in Florida. The names and addresses of the 98 successful applicants follow:

Anderson, George H., St. Petersburg (Maryland 1945)
Anderson, Horace M., Jacksonville (Emory 1943)
Arbuckle, David S., Akron, Ohio (Toronto 1923)
Baer, Bernhard, Miami Beach (Louisiana 1940)
Baxter, Ralph E., Miami (Boston 1938)
Beller, Harry E., Daytona Beach (Columbia 1928)
Besser, Edward L., Lakeland (John Hopkins 1937)
Bibby, Kenneth A., Miami (Queens 1932)
Bishop, Kingsley, Orlando (Cornell 1938)
Blair, Harry E., Miami Beach (Johns Hopkins 1918)
Brown, Joseph D., Camp G. Johnston (Jefferson 1929)
Buckwald, Albert I., Miami (Georgia 1945)
Campbell, Daniel C., Memphis, Tenn. (Tenn. 1943)
Chayes, Dorothy J., Tallahassee (Women's Med. 1942)
Coxson, Harold P., Stratford, N. J. (Temple 1929)
Crawford, Clay, Clearwater (Harvard 1914)
Curd, Howard H., St. Petersburg (Virginia 1935)
Donovan, Stephen J., Evanston, Ill. (Michigan 1932)
Ducharme, Paul H., Orlando (Harvard 1937)
Evans, Raymond L., Athens, Pa. (Cincinnati 1929)
Fassett, David W., Miami (New York 1940)
Fine, Archie, Miami Beach (Toronto 1931)
Fitts, William L., Sebastian (Tulane 1938)
Flipse, M. Eugene, Miami (Harvard 1943)
Gaver, Paul E., Orlando (Med. Ev. 1941)
Guy, John C., Atlanta, Ga. (Emory 1945)
Hamilton, Aubrey H. (Pennsylvania 1919)
Harris, Harold B., Miami Beach (Jefferson 1933)
Heiber, George F., St. Petersburg (Jefferson 1937)
Hogsette, Gerald B., Miami (Georgia 1945)
Hunter, Sylvester G., Miami (Louisville 1945)
Jackson, George W., Penney Farms (Tenn. 1937)
Johnson, James K. (Col.), Miami (Meharry 1943)
Johnson, William A., Alden, Iowa (Iowa 1933)
Kaplan, Sherman R., Jacksonville (Louisville 1944)
Keiber, Henry F., Penney Farms (Long Is. 1938)
Kendall, Roy K., Miami (Harvard 1943)
Knapper, Howard P., St. Petersburg (Temple 1940)
Krauskopf, Frederick F., Miami (Yale 1944)
Kubiac, William T., Cleveland, Ohio (Ohio 1939)
Lang, Harry B., Miami (Toronto 1924)
Laurie, Andrew L., Orlando (Geo. Wash. 1933)
Lee, Richard H., Eglin Field (Baylor 1938)
Lores, Manuel C., New Orleans, La. (Tulane 1938)
Mangun, Clarke W., Jr., Jacksonville (Iowa 1943)
Mansfield, Max R., Miami Beach (Indiana 1937)
Manulis, Fred E., West Palm Beach (Long Island 1935)
Marion, Donald F., Coral Gables (Duke 1935)
Massey, George H., Quincy (Duke 1944)
Moore, Homer J., Dallas, Tex. (Texas 1941)
Murphy, Alvin E., Palm Beach (Cincinnati 1930)
Myers, William M., Tampa (Temple 1944)
Nastasi, Leo L., Miami (Tulane 1944)
Pena, Eduardo, F., Miami (Madrid 1934)
Perlmutter, Irwin, Miami (Columbia 1941)
Phifer, Edward W., Orlando (Harvard 1937)
Pinkoson, Charles, Gainesville (Tulane 1945)
Piper, William S., Clearfield, Pa. (Harvard 1939)
Pohlman, Louis E., Orlando (St. Louis 1944)
Pollard, Edward V., Parsons, Tenn. (Tennessee 1935)
Pollitzer, Richard S., Miami (Emory 1944)
Prather, George W., St. Petersburg (Tulane 1945)
Quillian, Millard P., Miami (Duke 1941)
Read, John T., Coral Gables (Ohio 1941)
Reed, Francis A., Miami Beach (Loyola 1934)
Rickles, Julian A., Miami (Oregon 1941)
Ridgway, Robert E., Royston, Ga. (Georgia 1932)
Rogel, Louis F., Miami Beach (Vermont 1932)
Rose, Robert M., Miami (Louisiana 1941)
Rowntree, Leonard G., Philadelphia (W. Ont. 1905)
Rudolph, Jack A., Augusta, Ga. (Jefferson 1928)
Russell, Charles E., Orlando (Columbia 1941)
Ruttenberg, Louis, Miami Beach (Temple 1932)
Saunders, Irvine, Welch, W. Va. (Virginia 1937)
Schwartz, Arthur, Daytona Beach (Long Island 1930)
Sheets, Maurice V., Columbus, Ohio (Ohio 1934)
Sica, Frank A., New York, N. Y. (Tulane 1932)
Silverstein, Charles M., Key West (Emory 1945)
Simensky, Philip F., Brooklyn, N. Y. (Dalhousie 1940)
Smith, M. Crego, Jacksonville (Duke 1943)
Smullen, George H., Ocala (Loyola 1938)
Spaulding, N.W.V.(Col.) Jacksonville (Howard 1944)
Squires, Gretchen V., Pensacola (Louisiana 1938)
Starbuck, Robert W., Jacksonville (Vanderbilt 1945)
Stephens, Robert L., Orlando (Washington 1935)
Stoddard, James K., Hobe Sound (J. Hopkins 1916)
Taylor, Alva R., Hollywood (Tennessee 1935)
Thompson, James E., St. Petersburg (Ohio 1935)
Thompson, Talmadge S., Venice (Maryland 1943)
Turton, Murrell H., Ft. Lauderdale (Ohio 1924)
Vaughn, Darrel L., Morganfield, Ky. (Tennessee 1939)
Victor, Irving, Miami (Georgia 1945)
Weiler, Kenneth J., St. Petersburg (Northwestern 1929)
West, James R., Lakeland (Minnesota 1941)
Williams, John E., Memphis, Tenn. (Tennessee 1944)
Wiser, Henry J., Annapolis, Md. (Buffalo 1934)
Wood, Edward W., Lake Worth (Virginia 1926)
York, Jack S., Newark, N. J. (New York 1936)

MEDICAL OFFICERS RETURNED

Dr. James H. Putman, who entered military service on March 5, 1941, received his discharge on Feb. 18, 1946. His address is 902 Huntington Building, Miami 32. He held the rank of major.

Dr. N. W. Gable, Jr., who entered military service on Nov. 25, 1940, received his discharge on Feb. 15, 1946. His address is 2345 Trelain Drive, St. Petersburg. He held the rank of Colonel.

Dr. H. B. Goodwin, Jr., who entered military service on March 12, 1941, received his discharge on Feb. 22, 1946. His address is Arcade Building, Ft. Pierce. He held the rank of Major.

Dr. William S. Mitchell, who entered military service on May 1, 1942, received his discharge on Feb. 23, 1946. His address is 712 Daniel St., Orlando. He held the rank of Major.

Dr. Milton S. Saslaw, who entered military service on Oct. 20, 1940, received his discharge on Feb. 14, 1946. His address is 605 Lincoln Road, Miami Beach. He held the rank of Major.

Dr. J. Rocher Chappell, who entered military service on July 24, 1942, received his discharge on Feb. 13, 1946. His address is Florida Bank Building, Orlando. He held the rank of Lieut. Colonel.

Dr. Raymond H. King, who entered military service on Dec. 29, 1941, received his discharge on Feb. 1, 1946. His address is 238 West Church Street, Jacksonville 2. He held the rank of Commander.

Dr. Lorenzo James, who entered military service on Nov. 20, 1941, received his discharge in February 1946. His address is 1300 North Dixie Avenue, West Palm Beach. He held the rank of Captain in the Army.

Dr. William P. Hixon, who entered military service on Aug. 29, 1942, received his discharge on Dec. 7, 1945. His address is 1106 E. Mallory Street, Pensacola. He held the rank of Lieut. Commander.

Dr. William L. Jennings, who entered military service on Aug. 13, 1942, received his discharge on Jan. 5, 1946. His address is 111 Broadway, Daytona Beach. He held the rank of Captain in the Army.

Dr. Aaron Z. Oberdorfer, who entered military service on Sept. 14, 1942, received his release to inactive duty on Jan. 3, 1946. His address is 342 St. James Building, Jacksonville 2. He held the rank of Lieut. Commander.

Dr. M. F. Parker, who entered military service on Aug 18, 1942, received his discharge on Dec. 4, 1945. His address is Panama City. He held the rank of Major.

Dr. Morris B. Seltzer, who entered military service on Nov. 2, 1942, received his discharge on Nov. 21, 1945. His address is 318 Seabreeze Boulevard, Daytona Beach. He held the rank of Captain in the Army.

Dr. B. E. Taylor, who entered military service on Sept. 21, 1942, received his discharge on Jan. 15, 1946. His address is 1213 North Orange Avenue, Orlando. He held the rank of Lieut. Commander.

Dr. Charles E. Tribble, who entered military service on Sept. 17, 1942, received his discharge on Dec. 5, 1945. His address is DeLand. He held the rank of Commander.

Dr. L. Williams, who entered military service on April 17, 1942, received his discharge on Nov. 1, 1945. His address is 500 Thiesen Building, Pensacola. He held the rank of Commander.

Dr. W. J. Barge, who entered military service on Sept. 24, 1942, received his discharge on Jan. 27, 1946. His address is 253 N. E. 99th Street, Miami. He held the rank of Commander.

Dr. W. E. Bippus, who entered military service on Sept. 7, 1942, received his discharge on Oct. 22, 1945. His address is Comeau Building, West Palm Beach. He held the rank of Captain in the Army.

Dr. James A. Bradley, who entered military service on Nov. 8, 1943, received his discharge on Nov. 6. 1945. His address is 401 Fourth Street, North, St. Petersburg. He held the rank of Lieut. Commander.

Dr. E. W. Cullipher, who entered military service on Feb. 28, 1941, received his discharge on Dec. 16, 1945. His address is 525 duPont Building, Miami 32. He held the rank of Lieut. Colonel.

Dr. John W. Dix, who entered military service on Sept. 4, 1942, received his discharge on Nov. 14, 1945. His address is 2500 Coral Way, Miami. He held the rank of Captain in the Army.

Dr. Herbert Eichert, who entered military service on July 11, 1942, received his discharge on Jan. 9, 1946. His address is 605 duPont Building, Miami 32. He held the rank of Lieut Commander.

Dr. John S. Helms, who entered military service on May 30, 1942, received his discharge on Dec. 6, 1945. His address is 442 West Lafayette Street, Tampa, 6. He held the rank of Lieut. Colonel.

Dr. Andrew H. Hinton, who entered military service on July 10, 1941, received his discharge on Oct. 3, 1945. His address is 2300 S. W. 23rd Street, Miami. He held the rank of Major.

Dr. Horace A. Knowlton, who entered military service on April 30, 1942, received his discharge on Dec. 27, 1945. His address is 841 Bayshore Blvd., Tampa. He held the rank of Major.

Dr. George Lister, who entered the U. S. Public Health Service on July 20, 1942, received his discharge on Oct. 24, 1945. His address is 6525 Allison Island, Miami Beach. He held the rank of Lieutenant, U. S. P. H. S.

Dr. Franklin McElheny, who entered military service on Feb. 28, 1941, received his discharge in November 1945. His address is 570 West Flagler Street, Miami. He held the rank of Captain in the Army.

Dr. Cecil E. Miller, who entered military service on April 30, 1941, received his discharge on Dec. 23, 1945. His address is Sarasota. He held the rank of Major.

Dr. R. Wynn S. Owen, who entered military service on July 2, 1942, received his discharge on Aug. 15, 1945. His address is 524 Florida Power Building, St. Petersburg 5. He held the rank of Lieut. Colonel.

Dr. Frazier J. Payton, who entered military service on July 20, 1942, received his discharge on Dec. 25, 1945. His address is 907 Huntington Building, Miami 32. He held the rank of Commander.

Dr. Warren Quillian, who entered military service on July 25, 1942, received his discharge on Jan. 19, 1946. His address is 227 Aragon Avenue, Coral Gables. He held the rank of Commander.

Dr. Homer A. Reese, who entered military service on May 2, 1942, received his discharge on Nov. 4, 1945. His address is 819 N. E. Second Avenue, Miami. He held the rank of Lieut. Commander.

Dr. John R. Richardson, who entered military service on Aug. 20, 1942, received his discharge on Jan. 8, 1946. His address is 722 duPont Building, Miami 32. He held the rank of Commander.

Dr. Ralph S. Sappenfield, who entered military service on Sept 8, 1942, received his discharge on Jan. 4, 1946. His address is 702 duPont Building, Miami 32. He held the rank of Major.

Dr. Daniel M. Adams, who entered military service on Feb. 1, 1941, received his discharge on Feb. 2, 1946. His address is P. O. Box 593, Panama City. He held the rank of Captain in the Army.

Dr. William H. Ball, who entered military service on Aug. 14, 1942, received his discharge on Feb. 17, 1946. His address is 1569 Palm Avenue, Jacksonville 7. He held the rank of Major.

Dr. Hollis C. Ingram, who entered military service on Aug. 14, 1942, received his discharge on Feb. 1, 1946. His address is 303 Exchange Building, Orlando. He held the rank of Captain in the Army.

Dr. Francis M. Watson, who entered military service on Mar. 15, 1942, received his discharge on Feb. 4, 1946. His address is 120 Deering Street, Marianna. He held the rank of Lieut. Colonel.

Dr. Robert T. Spicer, who entered military service on March 27, 1942, received his discharge on Feb. 23, 1946. His address is 1110 Huntington Building, Miami 32. He held the rank of Captain in the Navy.

Dr. A. Lamar Matthews, who entered military service on June 4, 1942, received his discharge on Feb. 12, 1946. His address is Commercial Court Building, Sarasota. He held the rank of Major.

Dr. Thomas H. Lipscomb, who entered military service on Jan. 23, 1942, received his discharge on Feb. 15, 1946. His address is 350 St. James Building, Jacksonville 2. He held the rank of Commander.

Dr. Eugene D. Simmons, who entered military service on Sept. 14, 1942, received his discharge on Jan. 19, 1946. His address is 304 St. James Building, Jacksonville 2. He held the rank of Lieut. Commander.

Dr. W. Tracy Haverfield, who entered military service on May 15, 1942, received his discharge on Feb. 9, 1946. His address is 429 Ingraham Building, Miami 32. He held the rank of Lieut. Colonel.

Dr.Theodore C. Keramidas, who entered military service on Feb. 1, 1941, received his discharge on Feb. 4, 1946. His address is 412 Coker Building, Winter Haven. He held the rank of Colonel.

Dr. John D. Bell, who entered military service on July 27, 1942, received his discharge on Dec. 20, 1945. His address is 1771 E. Mallory Street, Pensacola. He held the rank of Commander.

Dr. Benjamin J. Bond, who entered military service on Dec. 7, 1942, received his discharge on Jan. 28, 1946. His address is Coker Building, Winter Haven. He held the rank of Lieut Commander.

Dr. L. U. Lumpkin, who entered military service on Nov. 9, 1942, received his discharge on Feb. 8, 1946. His address is 15 S. E. 16th Street, Ft. Lauderdale. He held the rank of Commander.

Dr. Millard B. White, who entered military service on July 14, 1942, received his discharge on Jan. 17, 1946. His address is 151 South Pineapple Avenue, Sarasota. He held the rank of Major.

Dr. Harry Z. Silverman, who entered military service on Aug. 15, 1942, received his discharge on Feb. 11, 1946. His address is 200 Eighth Street, Miami Beach. He held the rank of Captain in the Army.

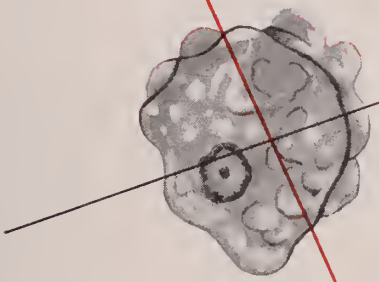
Dr. Frederick LeDrew, who entered military service on Sept. 15, 1942, received his discharge on Jan. 25, 1946. His address is 7611 Collins Avenue, Miami Beach. He held the rank of Lieut. Colonel.

Dr. E. J. Thomas, who entered military service on July 10, 1942, received his discharge on Feb. 1, 1946. His address is 835 Lincoln Road, Miami Beach. He held the rank of Captain in the Army.

Dr. L. A. Wylie, who entered military service on May 1, 1941, received his discharge on Nov. 10, 1945. His address is 1112 23rd Avenue, North, St. Petersburg. He held the rank of Captain in the Navy.

Dr. David R. Murphey, Jr., who entered military service on June 6, 1942, received his discharge on Dec. 12, 1945. His address is 442 West Lafayette Street, Tampa. He held the rank of Lieut. Colonel.

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1. *Barr, D. P.: Modern Medical Therapy in General Practice, 2:1830, Baltimore, Williams & Wilkins Company, 1940.*

2. *Stitt, E. R.; Clough, P. W., and Clough, M. C.: Practical Bacteriology, Haematology and Animal Parasitology, ed. 9, Philadelphia, P. Blakiston's Son & Co., 1938, pp. 410-412.*

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GYNECOLOGY—Two Weeks Intensive Course starting April 22, May 20.
One Week Personal Course in Vaginal Approach to Pelvic Surgery, March 18 and April 15.

OBSTETRICS—Two Weeks Intensive Course starting April 8 and May 6.

MEDICINE—Two Weeks Intensive Course starting April 8.

ELECTROCARDIOGRAPHY & HEART DISEASE—Two Weeks Intensive Course starting August 5.

GASTROSCOPY & GASTROENTEROLOGY—Two Weeks Personal Course April 22.

DERMATOLOGY & SYPHILOLOGY—Two Weeks Course starting April 8.

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Dr. Richard Reeser, who entered military service on Sept. 24, 1942, received his discharge on Nov. 16, 1945. His address is 504 Empire Building, St. Petersburg. He held the rank of Lieut. Colonel.

Dr. George W. Morse, who entered military service on Sept. 19, 1942, received his discharge on Feb. 24, 1946. His address is 24 West Chase Street, Pensacola. He held the rank of Major.

Dr. W. H. McCullagh, who entered military service on Sept. 14, 1942, received his discharge on Dec. 21, 1945. His address is 2000 Park Street, Jacksonville 4. He held the rank of Lieut. Colonel.

Dr. Karl B. Hanson, who entered military service on Dec. 5, 1942, received his discharge on Jan. 21, 1946. His address is 357 St. James Building, Jacksonville 2. He held the rank of Lieut. Colonel.

Dr. Thomas F. Nelson, who entered military service on April 10, 1941, received his discharge on Dec. 7, 1945. His address is Citizens Building, Tampa 2. He held the rank of Major.

Dr. J. C. Griffin, who entered military service on March 16, 1944, received his discharge on Jan. 27, 1946. His address is 1202 First National Bank Building, Tampa 2. He held the rank of Lieutenant in the Navy.

Dr. William H. Weems, who entered military service on June 29, 1942, received his discharge on Nov. 10, 1945. His address is 410 Citizens Building, West Palm Beach. He held the rank of Captain in the Army.

Dr. Paul A. Zimmerman, who entered military service on March 5, 1941, received his discharge on Oct. 6, 1945. His address is 2324 S. W. 23rd Street, Miami 33. He held the rank of Major.

Dr. Henry G. Morton, who entered military service on Dec. 1, 1943, received his discharge on Jan. 1, 1946. His address is 409 West Seventh Street, Sarasota. He held the rank of Captain in the Army.



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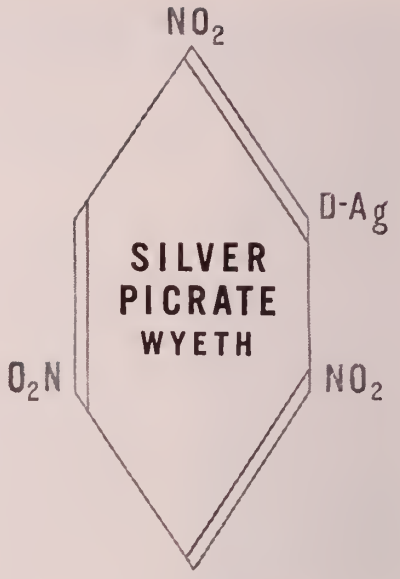
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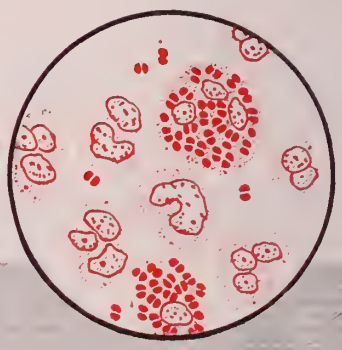
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Dr. Everett M. Harrison, who entered military service on July 11, 1942, received his discharge on Nov. 8, 1945. His address is 504 Coachman Building, Clearwater. He held the rank of Captain in the Army.

Dr. Hugh A. Carithers, who entered military service on Aug. 6, 1942, received his discharge on Dec. 9, 1945. His address is 2000 Park Street, Jacksonville 4. He held the rank of Captain in the Army.

PUBLIC HEALTH DOCTORS NEEDED

Graduates of schools of medicine approved by the A. M. A., who are interested in preventive medicine, are asked to communicate with the Merit System Office in Gainesville for information concerning vacancies with the Florida State Board of Health and County Health Units. Appointments to full-time positions will be made in accordance with Merit System Rules. No permanent appointments are given to physicians who are above the age of 45 upon entering the field of public health. Address Merit System Supervisor, Merit System of the Florida State Board of Health and Crippled Children's Commission, Professional Building, Room 201, Gainesville, Fla.

STATE NEWS ITEMS

Alumni and fraternity suppers in connection with the annual convention are scheduled for 6 p.m., Monday, April 22. If you plan to attend one of these suppers, please immediately notify the chairman, Dr. R. R. Killinger, 450 St. James Building, Jacksonville 2, and name your group.

President John R. Boling, Tampa, made a trip to Washington the early part of February to discuss with Senator Pepper some bills in Congress that are of importance to the medical profession.

The Nashville Surgical Society held its banquet and open meeting in Nashville on the evening of January 11. Dr. Robert B. McIver of Jacksonville was invited to give the annual oration. He spoke on "Surgical Disposition of Obstructive Renal Vessels." The lecture was illustrated by motion pictures in color.

Dr. William L. Jennings, Daytona Beach, has reopened offices at 111 Broadway. Dr. Jennings will limit his practice to surgery, gynecology and obstetrics.

Dr. Leland F. Carlton, Tampa, has been presented with a certificate of recognition for twenty-five years' continuous membership in the local Kiwanis Club.

The American Association of Obstetricians, Gynecologists and Abdominal Surgeons Foundation announces that the annual prize contest will be conducted again this year. For information address Dr. Jas. R. Bloss, secretary, 418 11th Street, Huntington 1, West Virginia.

Dr. John R. Boling, president, and Dr. Shaler Richardson, president-elect, attended a meeting of the National Physicians Committee in St. Louis, Mo., January 18 and 19.

Dr. E. C. Swift, Jacksonville, who, at the time of his separation from military service, was a Commander, has since received a promotion to the rank of Captain. Dr. Swift has moved from his temporary offices and is now located permanently at 709 Greenleaf Bldg.



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DEATHS

MEMBERS

Dr. Andrew J. Harness, Miami—Jan. 30. 1946.

OTHER DOCTORS

Dr. Grace E. Papot, Lake Worth—Dec. 31, 1945.
Dr. Louis A. Bize, Tampa—Jan. 9, 1946.

COMPONENT COUNTY SOCIETIES

FRANKLIN-GULF

Congratulations to the Franklin-Gulf County Medical Society, whose state Association dues for 1946 have been fully paid. Members of this society live in Apalachicola, Port St. Joe, and Wewahitchka.

PASCO-HERNANDO-CITRUS

This society held its annual banquet at Magnolia Lodge, Crystal River, on the evening of January 10. A short business session was held during which the minutes of the last meeting were read and approved, and clinical cases were reported and discussed.

The members who, with their ladies and guests, enjoyed the occasion were Drs. G. R. Creekmore and S. C. Harvard, Brooksville; W. B. Moon, Crystal River; W. Wardlaw Jones, Dade City, and W. H. Walters, Lacoochee.

PINELLAS

The Pinellas County Medical Society held its regular monthly dinner meeting at the Shrine Club, St. Petersburg, January 4. Dr. A. M. Feaster presided.

The minutes of the previous meeting were read and approved. The gavel was presented to Dr. J. B. Quicksall, who called upon Dr. Emory F. Johnson. Dr. Johnson spoke on "Our Children, Yesterday, Today and Tomorrow in Dentistry." This paper was discussed by Dr. Lloyd N. Harlow. Dr. Gideon Timberlake read a paper on "Prostatism," which was discussed by Dr. Howard H. Curd.

The Society held a Round Table Assembly on January 18 at the home of Dr. L. B. Mount, who acted as moderator.

The Staff of the Mound Park Hospital of St. Petersburg held an election in January at which the following were chosen: chief of staff, Dr. O. O. Feaster; vice chief, Dr. A. S. Anderson, and secretary, Dr. N. W. Gable, Jr. Elected to the executive committee for three-year terms were Drs. R. H. Knowlton and F. H. Langley.

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SARASOTA

The first joint meeting of the Manatee and Sarasota County Medical Societies since the war was held in Sarasota on December 7. Approximately fifty members of these societies were present. Dr. Joseph Halton, principal speaker, presented a paper on "Atom Smashing and its Application to Medicine."

SEMINOLE

The annual election of officers of this society was held on the evening of January 8. Chosen to head the society for the ensuing year were Dr. Orville L. Barks, president; Dr. Thomas F. McDaniel, vice president, and Dr. Frank L. Quillman, secretary-treasurer. Drs. J. N. Tolar, G. S. Selman and Charles L. Park were named to the board of censors.

TAYLOR

The Taylor County Medical Society has paid 100% of its State Association dues for 1946. Officers of this society are Drs. W. J. Baker, president; R. J. Greene, vice president, and C. A. O'Quinn, secretary-treasurer.

WALTON-OKALOOSA

The members of this society have paid 100% of their Association dues for 1946. Dr. Rhett E. Enzor is president, Dr. Ralph B. Spires, vice president, and Dr. A. G. Williams is secretary-treasurer of the society.

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Professor Zogi, The Magician Marvelous!

Professor Zogi, the magician, came to our town Saturday, and put on a performance for the benefit of the hospital.

Among other things, the professor holds a pitcher in his hands, and asks folks what they'd have to drink. Ma Hoskins asks for buttermilk and the professor promptly pours her a rich, creamy glassful.

Then Zeb Collins asks for cider, and out of the same pitcher comes a mug of cider. Dr. Walters calls for beer—and, presto, from the pitcher comes a sparkling glass of beer!

"Just goes to show," says the doctor, astonished, "that it takes a magician to satisfy all tastes."

From where I sit, the professor has a mighty good act . . . one that points a moral too. Tastes differ—but people can have a friendly, happy time enjoying the beverage that each prefers—and being tolerant of one another's preferences.

Joe Marsh

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MRS. LEIGH F. ROBINSON, District "D"...*Ft. Lauderdale*

PALM BEACH AUXILIARY

The Palm Beach Auxiliary recently held a luncheon meeting in the home of Mrs. Don J. Royer, at which time Mrs. W. C. Williams, state president, was guest speaker. She spoke on "Auxiliary Activities" and gave a splendid report of the State Board meeting held in Gainesville.

The following chairmen were appointed: Mrs. Grady Brantley, Hygeia; Mrs. James L. Carlisle, public relations and medical chest; Mrs. V. D. Stone, Bulletin; Mrs. O. L. Kelley, publicity; Mrs. C. Jennings Derrick, Medical Directory; Mrs. William Y. Sayad, Doctor's Day, and Mrs. Jay A. Powell, telephone.

Following the luncheon a pleasant social hour was enjoyed. Assisting as hostesses with Mrs. Royer were Mrs. J. A. Powell, Mrs. P. I. Hopkins, and Mrs. Mark M. Byrd.

DUVAL AUXILIARY

The January luncheon meeting of the Duval Auxiliary was held at the Seminole Hotel. Mrs. W. R. Schnauss, program chairman, introduced Mrs. S. R. Norris, who presented Drs. Edward Canipelli and Frederick H. Bowen, guest speakers. The subject of both talks was "Medical Experiences of the War."

Dr. Canipelli, who described his experiences as "pre-atomic," told of the landings at Casablanca. He said that although war is a cruel thing, it can be interesting, and by a description of the amphibious operations in which he took part, he proved his point. He concluded his ad-

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dress by telling of the Arabs of North Africa, their manners and modes of living, and of a dinner given by a local sheik at which he was a guest.

Dr. Bowen took the audience to the other side of the world when, in a manner full of interest and suspense, he described the preparation for and landings of the Marines at Guadalcanal. He told of the daily Japanese air raids which occurred during the four months he was there, also of the Jap naval bombardments. His ability to describe his experiences lucidly and graphically impressed his listeners with the grimness and hazards of living under such conditions. He also showed excellent photographs taken in that theatre of war.

Mrs. S. M. Copeland, president, introduced Dr. John H. Mitchell, who gave the invocation. She also introduced out-of-town guests, Dr. Peter E. Sabatelle of Puerto Rico, Dr. A. M. Kerns of New York and Dr. Stewart G. Thompson, managing director of the Florida Medical Association. Dr. Thompson spoke briefly on the Florida Medical Directory, which the Auxiliary has accepted as an annual project, the proceeds from advertising sold by the Auxiliary being earmarked for the scholarship fund at the University of Florida.

Mrs. F. W. Krueger, assisted by Mrs. F. H. Schnauss and Mrs. Robert Cleveland, planned the luncheon. The tables were decorated with arrangements of peach gladioli. At each lady's plate was a beautiful camellia; the doctors present received monkey penwipers as souvenirs of the occasion. Guests of the Auxiliary were greeted at the door by Mrs. Nelson Murray and her committee, and members were asked to register.

Following the business session, members enjoyed a delightful social hour. About fifty attended the meeting.

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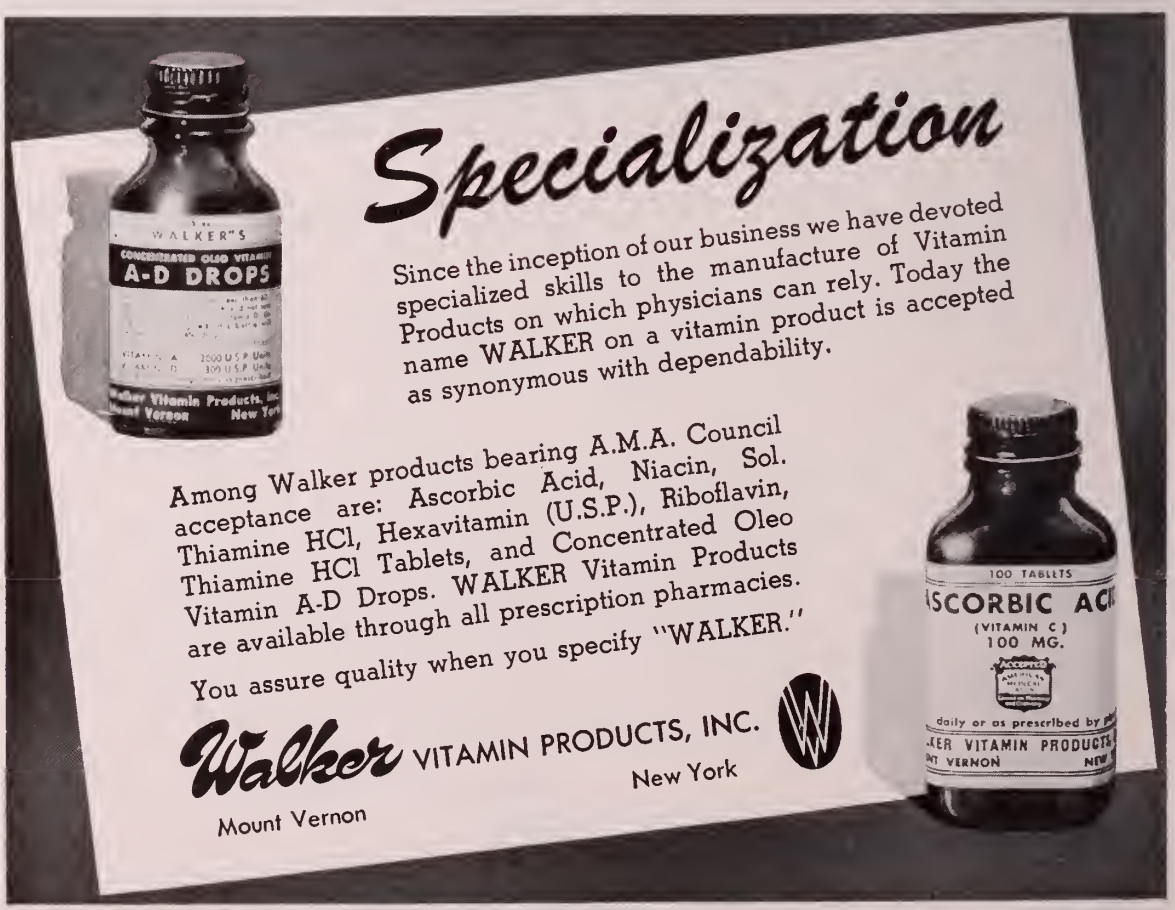
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SCHEDULE OF MEETINGS

ORGANIZATION	PRESIDENT	SECRETARY	ANNUAL MEETING
Florida Medical Association	John R. Boling, Tampa	Robert B. McIver, Jacksonville	Jax., Apr. 22, 23, 24, 1946
Florida Medical Districts		Council Chairman	
A—Northwest	Courtland D. Whitaker, Marianna	Stewart Thompson, Jacksonville	Pensacola, 1946
B—Northeast	L. Y. Dyrenforth, Jacksonville	" " "	Gainesville, 1946
C—Southwest	Edgar Watson, Lakeland	" " "	St. Petersburg, 1946
D—Southeast	William Y. Sayad, W. Palm Beach	" " "	Ft. Lauderdale, 1946
American Medical Association	Herman L. Kretschmer, Chicago	Olin West, Chicago	San Francisco, July 1-5, 194
Southern Medical Association	E. Vernon Mastin, St. Louis	Mr. C. P. Loranz, Birmingham	
Alabama Medical Association	Walter F. Scott, Birmingham	D. L. Cannon, Montgomery	
Georgia, Medical Assn. of	Cleveland Thompson, Millen, Ga.	E. D. Shanks, Atlanta	Macon, Canceled
Florida—			
Section, Am. College Phys.	Meredith Mallory, Orlando	Rollin D. Thompson, Orlando	Jacksonville, Canceled
Basic Science Exam. Board	M. W. Emmel, D.V.M., Gainesville	J. F. Conn, Ph.D., DeLand	Gainesville, June 4, 1946
Dental Society, State	W. P. Wood, D.D.S., Tampa	A. J. Fillastre, D.D.S., Lakeland	
Derm. and Syph., Soc. of	J. Frank Wilson, Jacksonville	Wesley W. Wilson, Tampa	Jacksonville, Apr. 22, 1946
East Coast Medical Association	T. C. Kenaston, Cocoa	I. M. Hay, Melbourne	Postponed
Hospital Association	Gertrude Overstreet, Gainesville	Mr. H. A. Cross, Jacksonville	Miami, May, 1946
Hospital Service Corporation	Mr. W. E. Arnold, Jacksonville	Mr. H. A. Cross, Jacksonville	
Industrial Surgeons, Assn. of	Kenneth A. Morris, Jacksonville	A. M. Bidwell, Tampa	Jacksonville, Apr. 22, 1946
Medical Examining Board	J. B. Kollar, Vero Beach	H. D. Van Schaick, Miami	Jacksonville, June, 1946
Medical Postgraduate Course	Turner Z. Cason, Jacksonville	Chairman	
Nurses Association, State	Mrs. C. Lindabury, Miami Beach		
Ophthal. & Otol., Soc. of	C. E. Dunaway, Miami	Wm. Y. Sayad, West Palm Beach	Jacksonville, Apr. 22, 1946
Pathological Society	L. Y. Dyrenforth, Jacksonville	Iva C. Youmans, Miami	Jacksonville, Apr. 22, 1946
Pediatric Society	Ludo von Meysenbug, Daytona B.	Robert Blessing, Ft. Lauderdale	Jacksonville, Apr. 22, 1946
Pharmaceutical Association, State	Mr. H. B. Douglas, Bonifay	Mr. R. Q. Richards, Ft. Myers	Miami, Postponed
Public Health Association	George A. Dame, Jacksonville	E. M. L'Engle, Jacksonville	
Radiological Society	John A. Pines, Orlando	James F. Pitman, Lake City	Jacksonville, Apr. 21-22, 19
Railway Surgeons' Association	Frank D. Gray, Orlando	W. C. Page, Cocoa	Postponed for Duration
Tuberculosis & Health Assn.	Mrs. Alexander Blair, Lake Placid	Mrs. May Pynchon, Jacksonville	
Chattahoochee Valley Med. Assn.	Herbert E. White, St. Augustine	Robert B. McIver, Jacksonville	Postponed
Gulf Coast Clinical Society	G. G. Oswalt, Mobile, Ala.	C. L. Rutherford, Mobile, Ala.	Postponed
S.E. Sec., Am. Cong. Phys. Ther.	John J. McGuire, Pensacola	Kenneth Phillips, Miami	Jacksonville, Apr. 22, 1946
Southeastern Surgical Congress	Alton Ochsner, New Orleans	B. T. Beasley, Atlanta	Memphis, Mar. 11-13, 1946
Suwannee River Medical Society	L. J. Arnold, Jr., Lake City	H. S. Howell, Lake City	

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*Davis, C. H.: Gonorrheal Arthritis Complicating Pregnancy Treated with Penicillin, Am. J. Obst. & Gynec. 50:215 (Aug.) 1945.

Hudson, G. S., and Rucker, M. P.: Gas Bacillus Infection of the Uterus Treated with Penicillin, Am. J. Obst. and Gynec. 50:452 (Oct.) 1945.

Woltz, J. H. E., and Zintel, H. A.: The Transmission of Penicillin to Amniotic Fluid and Fetal Blood in the Human, Am. J. Obst. & Gynec. 50:338 (Sept.) 1945.

Mitchell, R. McN., and Kaminester, S.: Penicillin; Case Report of a Patient Who Recovered from Puerperal Sepsis Hemolytic Streptococcic Septicemia, Am. J. Surg. 63:136 (Jan.) 1944.

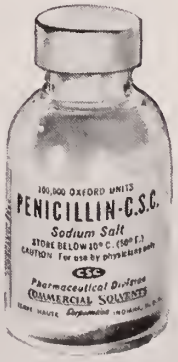
White, R. A.: Puerperal Sepsis Treated with Penicillin, Southern M. J. 37:524 (Sept.) 1944.

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Vol. XXXII APRIL, 1946 No. 10

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Lloyd J. Netto

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Emil M. Isberg

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An Editorial

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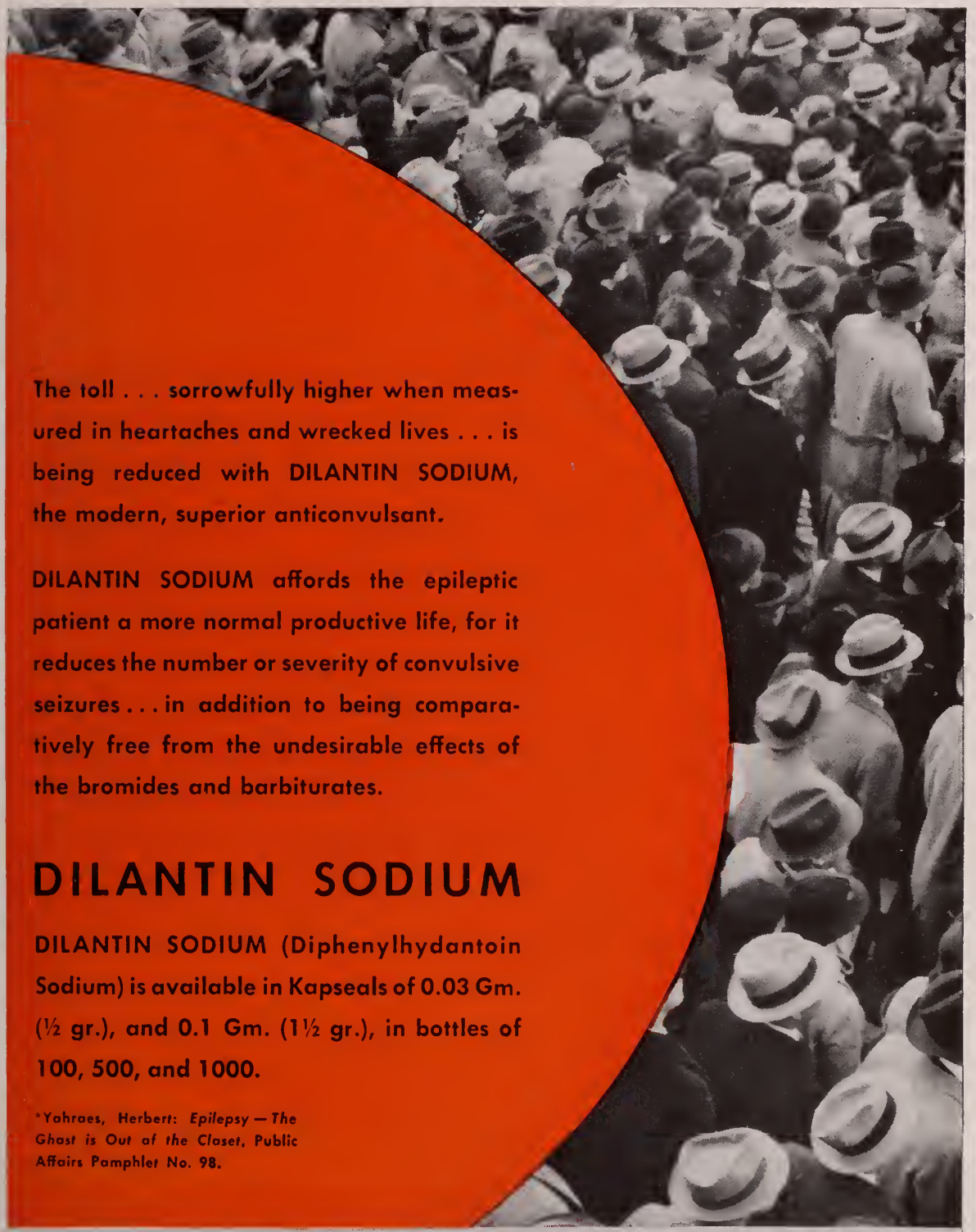
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*Yahraes, Herbert: *Epilepsy — The Ghost is Out of the Closet*, Public Affairs Pamphlet No. 98.

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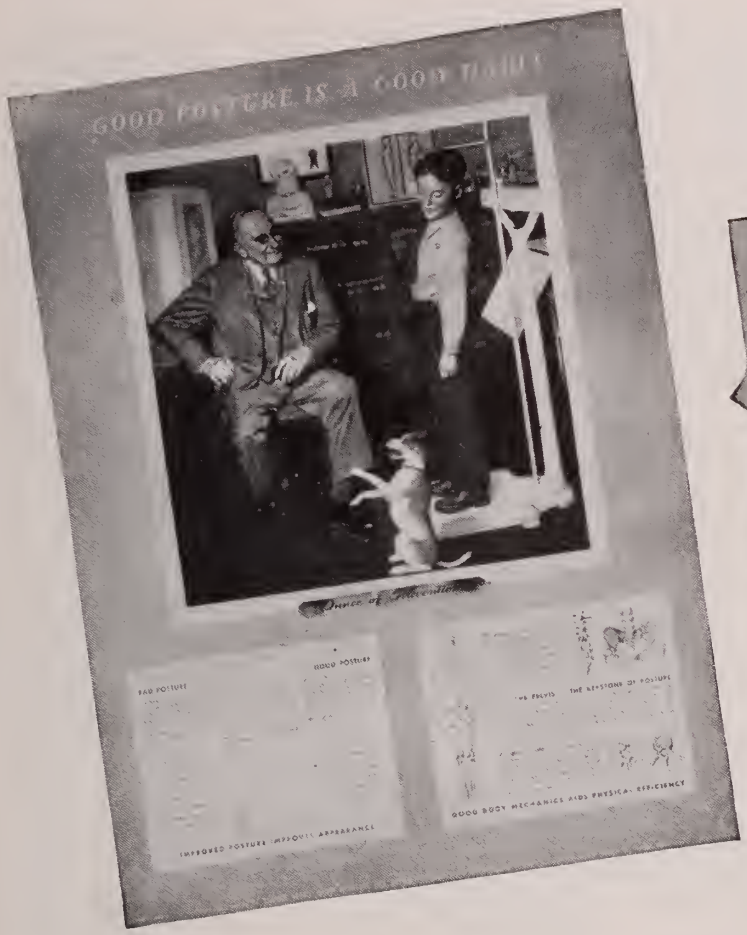
* *Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154*
Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60



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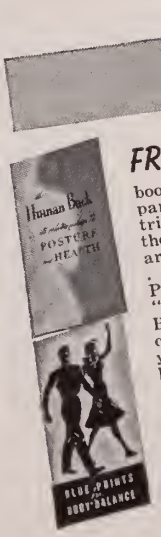
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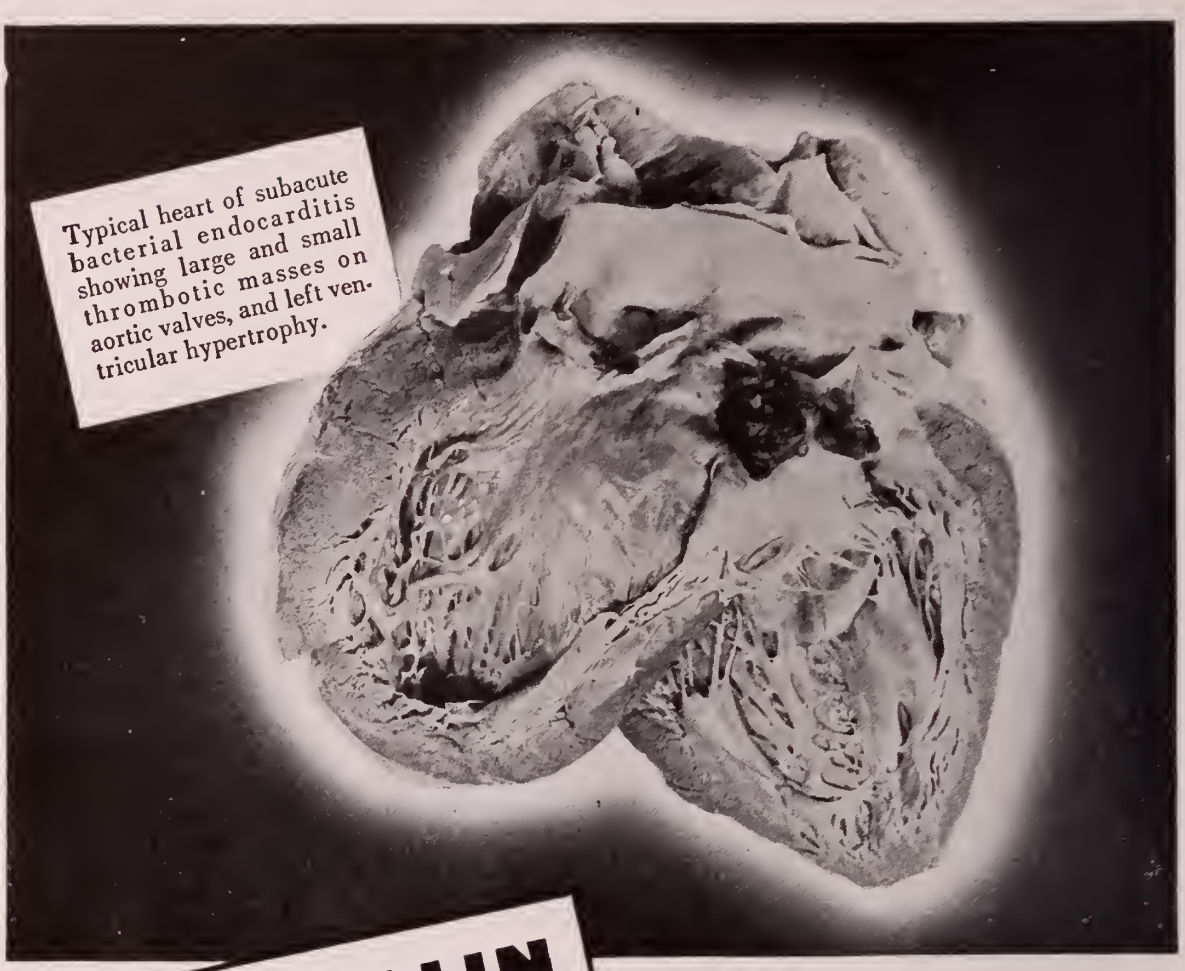
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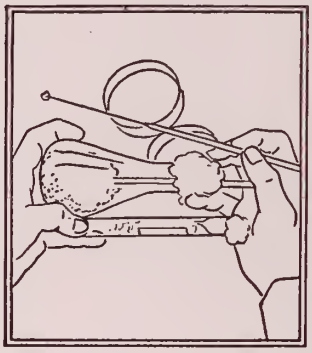
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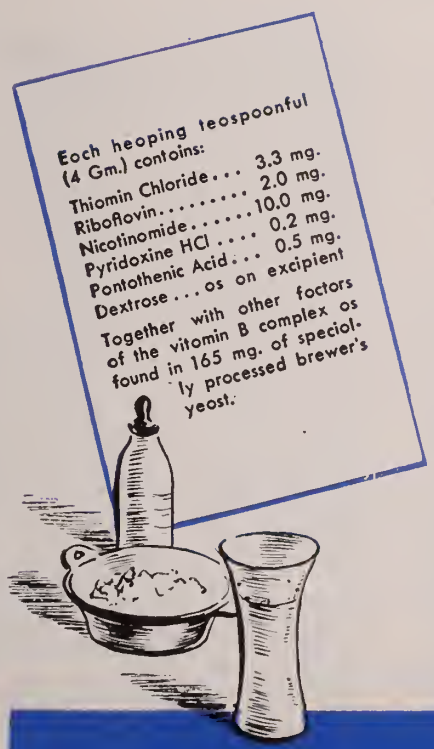


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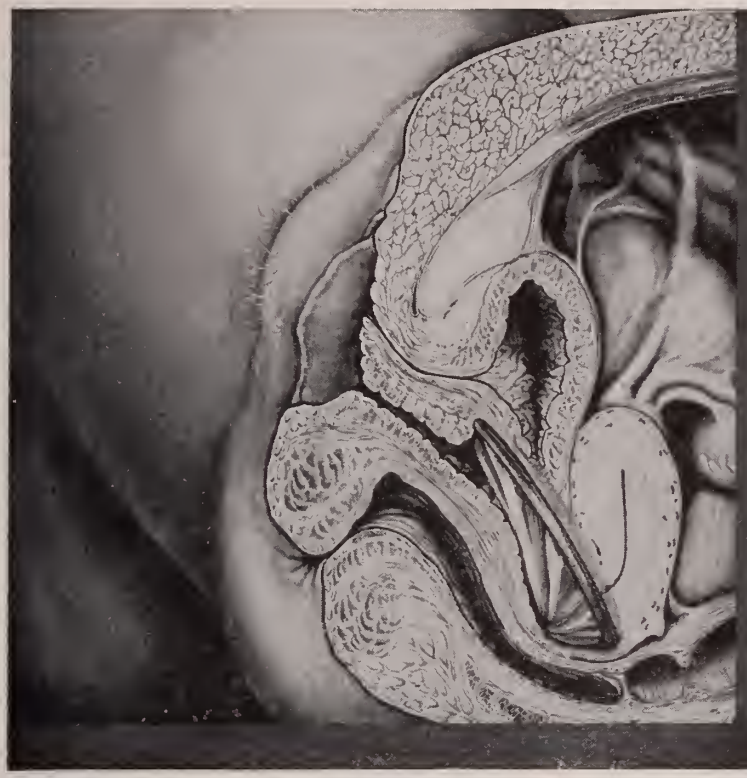
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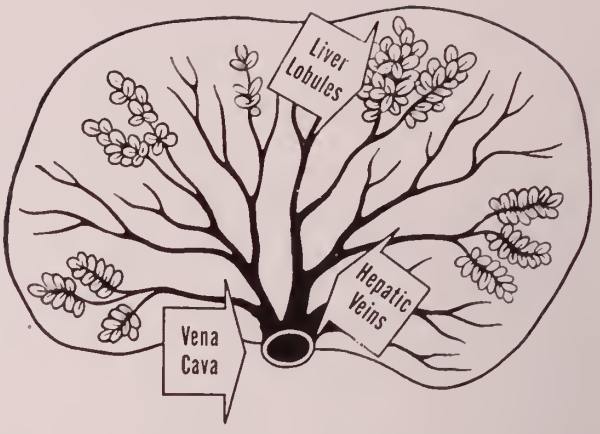
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1. Dickinson, R. L.: Techniques of Conception Control. Baltimore, Williams and Wilkins Co., 1942.
2. Eastman, N. J., and Scott, A. B.: Human Fertility 9:33 (June) 1944.
3. Warner, M. P.: J. A. M. A. 115:279 (July 27) 1940.

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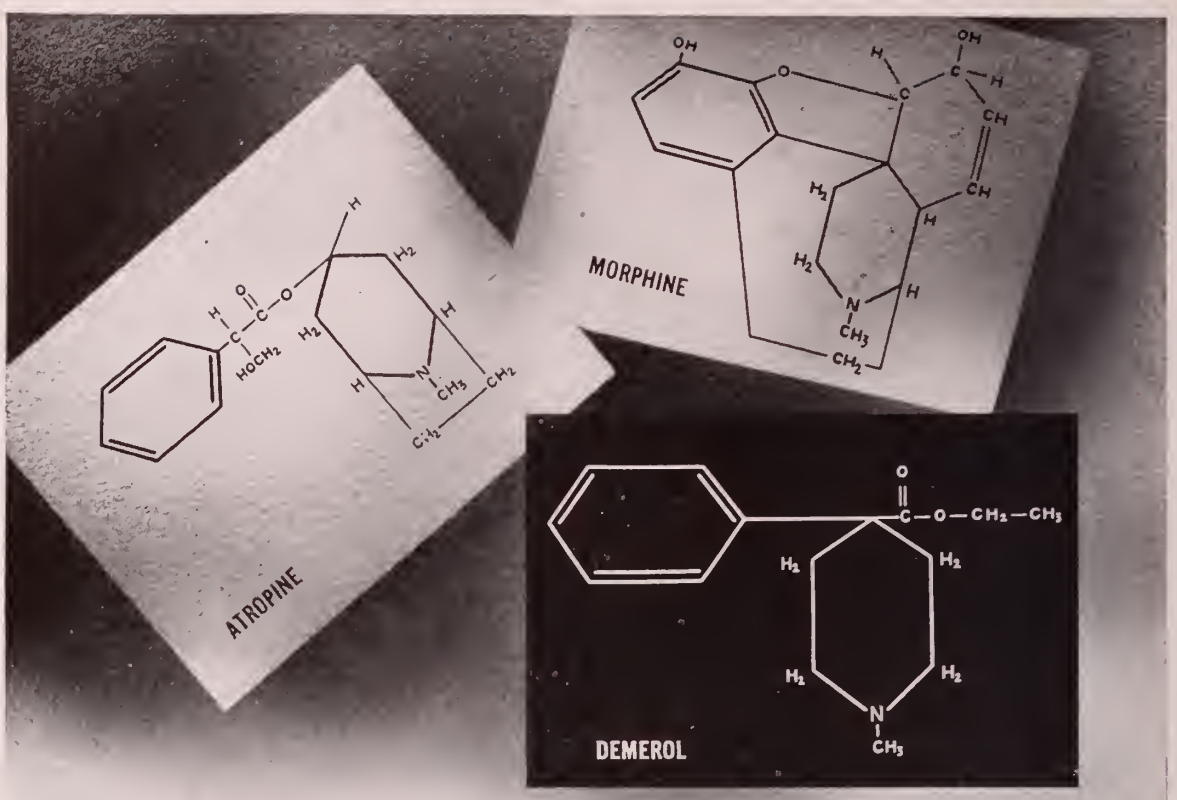


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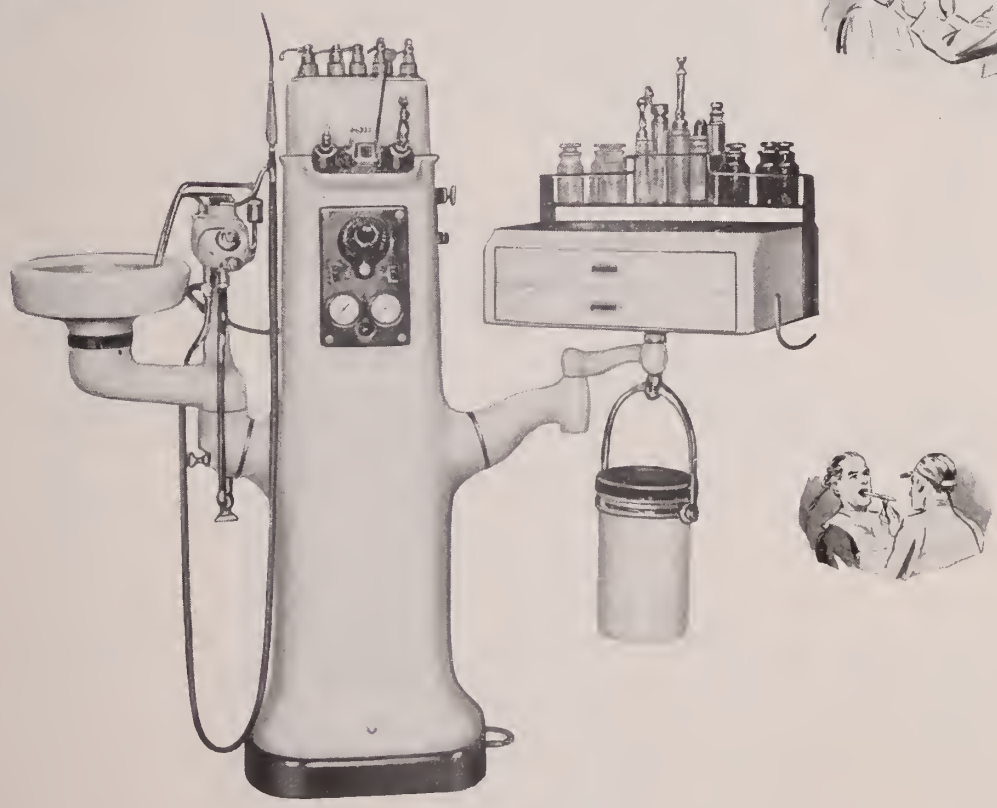
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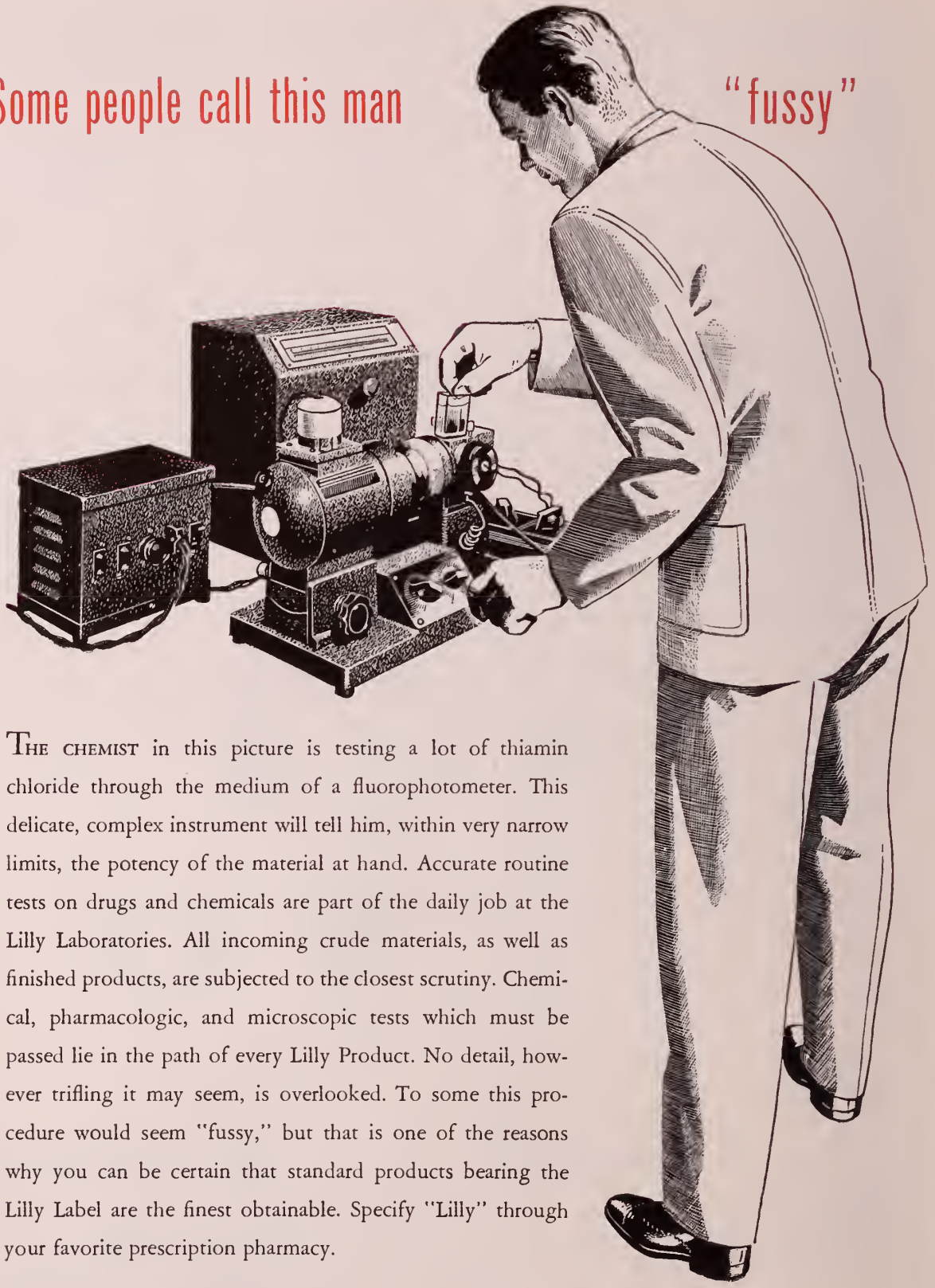
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She is more than a number to him

A GENEROUS SHARE of the average physician's time is devoted to patients whose economic position is such that no financial consideration can be expected. This practice is not due to philanthropy or emotion, but to a profound sense of professional responsibility. To the doctor, the indigent patient is a living, breathing entity, not just a number on a chart. Each patient is regarded with sympathetic understanding, and to each is accorded a full measure of knowledge and skill.

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A picture of The Good Samaritan provided the inspiration that eventually led to the founding of Eli Lilly and Company

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CANCER OF THE UTERUS

LLOYD J. NETTO, M. D.
WEST PALM BEACH

There is a general trend in recent years for women to aid in correcting disorders of the female sex organs far more often and earlier than formerly. This trend is gratifying; yet it has not progressed rapidly enough and is still lagging. Perhaps the medical profession as a whole has not kept pace with the advances in the methods of early diagnosis of cancer of the uterus as well as it might have. Perhaps the women as a whole have not been properly taught to realize how common this disease actually is. Be that as it may, there is a bright future ahead because of the tremendous amount of good that is expected of, and undoubtedly will be accomplished by the American Cancer Society. But the task will not be easy. The organization of such a movement as this society has undertaken is comparable to the building of an army, and under the most favorable circumstances that takes time, money and untiring effort on the part of everyone.

CARCINOMA OF THE UTERUS

Carcinoma of the uterus is of necessity divided into two main groups, namely, carcinoma of the cervix and carcinoma of the body of this organ. These are further separated into various subgroupings and classifications, which I shall not attempt to discuss in this paper, except to say that in most textbooks it is stated that the majority of carcinomas of the cervix are epidermoid and those of the body of the uterus are adenocarcinomas. Furthermore, it is also stated that the cervix of the uterus constitutes the most common site malignant disease in women, and that the ratio between carcinoma of the cervix and carcinoma of the body of the uterus is in the proportion of from 5 to 1 to 10 to 1, the ratio varying in different statistical groups, but with carcinoma of the cervix markedly predominant.

Thus carcinoma of the cervix is the most common form of cancer in women. Such a predominance to me means that when the millennium in this work is reached, this disease should be conquered, even as many of the exanthematous diseases have been since the discovery of vaccines, serums and specific drugs. This may seem a bold statement, and it is. There is, however, no organ so susceptible to ready inspection and examination as the cervix. So, when the day comes when women, especially parous women, will report voluntarily to the physician for periodic examinations throughout their lives, and thorough examinations are made, most of these lesions will be diagnosed in the precancerous state, or in the early malignant stage when proper treatment with any accepted method, or combination of methods, can reasonably be expected to result in cure in the great majority of cases. Now, by periodic examination I do not intend to convey the idea of the once-in-a-while variety, nor do I mean every two or three years, or when the leukorrhea becomes more troublesome, or the menstrual function is disturbed. In my opinion, examination should be made at least twice a year from the time the first child is born, or oftener if anything of a suspicious nature is discovered in the early examinations, or if there is a history of cancer in the family.

By the same token, thorough examination means just what it implies, and should include scrapings or pieces of tissue for pathologic study when the least doubt exists after careful inspection and digital examination. The older I get the more suspicious I become of doubtful lesions of the cervix, and more and more do I enjoy the assistance afforded by the pathologist. During the last five years 2 patients have come to my office virtually demanding diagnostic curettage even before an examination could be made. This occurrence is most unusual and never happened to me before nor since. Sufficient indications existed for such procedures, and they were done. Suffice it to say, there was joy in the one case, in which the result was negative, and comfort in the other, in which an early cancer that could be successfully eradicated was disclosed. Would that all women were as cancer-conscious as these two, instead of harboring fear that cancer is present in the uterus, and dread of learning the truth.

AGE INCIDENCE

Carcinoma of the uterus, both the cervix and the body, is a disease of middle life. Some authorities claim the highest incidence of the disease in the cervix occurs between the ages of 35 and 40 years and over, and in the corpus be-

Read before the Florida Division of the American Cancer Society, Nov. 9, 1945.

carcinoma of the cervix develops in the active sex period and carcinoma of the body at or following the menopause. This observation is based on statistics and must vary in the individual case. There is, however, sufficient reported evidence to cause one to be on the lookout for cancer of the uterus at any age. Adams[1] in 1914 reported an adenocarcinoma of the uterine body involving the vagina and bladder in a 2½ year old baby. Fixed in my memory from student days is the case of a young woman, 23 years of age, a primipara, who was admitted to the hospital with advanced and inoperable carcinoma of the cervix.

The pathologic, histologic and etiologic factors of carcinoma of the body and cervix of the uterus are left for settlement by argumentation and discussion between those more learned in this subject than I, there being much in favor and probably something against all the various theories. The causative factors, in the main, for carcinoma of the cervix are (1) lacerations, (2) erosions, (3) endocervicitis and (4) probable endocrine factors; for carcinoma of the body they are (1) degenerated fibroids, (2) poor uterine drainage, (3) constitutional predisposition and (4) estrogenic causes, such as endometrial hyperplasia.

From the standpoint of this society, the value of a discussion such as is presented here, lies in the clinical application to the patient of the facts as they are known, since the primary concern lies in the prevention and cure of cancer. The patients then are primarily interested in the clinical features as they pertain to them, namely, the symptoms present and the treatment of these symptoms. Also, both patient and physician are of course concerned in the diagnosis.

SYMPTOMS AND CLINICAL COURSE

Unfortunately, cancer of the cervix in the early stages produces no clinical symptoms, and only when the lining membrane has been penetrated and the deeper tissues become involved, do the signs of ulceration appear in the form of bleeding and discharge. Thus this feature of the disease emphasizes the extreme importance of frequent periodic and careful examinations to allow for treatment in the operable stage. The symptoms of carcinoma of the *cervix* are:

EARLY SYMPTOMS:

1. Leukorrhea.
   (a) In the beginning, simple whites.
   (b) Later, foul and bloody discharge.
2. Bleeding.
   (a) Arising after the menopause; pathognomonic in a large percentage of cases.
   (b) Metrorrhagic in type, which may occur as intermenstrual spotting, or exist as a continuous flow between periods.
   (c) Following intercourse, which is a common symptom often described by the patient on the first visit.
3. Pain due to infection or metastases.

LATE SYMPTOMS:

1. Continuous hemorrhage.
   (a) From both the vagina and the rectum when the cancer has spread.
2. Pain.
   (a) Backache.
   (b) Radiating to thighs.
   (c) Abdominal.
3. Urinary and fecal incontinence.
4. Urinary infection.
5. Obstruction.
6. Anuria.
7. Loss of weight and other constitutional symptoms.

The symptoms of carcinoma of the *corpus* are:

EARLY SYMPTOMS:

1. Irregular premenstrual bleeding.
2. Postmenopausal bleeding and discharge, which constitute the only early signs.

LATE SYMPTOMS:

1. Peritoneal involvement giving rise to abdominal discomfort and intestinal symptoms.
2. Abdominal masses.
3. Obstruction.
4. Disturbances due to distant metastases.
5. Loss of weight and other constitutional symptoms.

From this list of typical symptoms one can easily see that detection of cancer of the uterus in the late stages is readily accomplished, but at a time when the chance for a cure has passed, whereas in the early and favorable stage it is often most difficult and too often not accomplished.

DIAGNOSIS

The diagnosis of cancer of the uterus is made through physical examination during investigation of special symptoms in the early stages, whether they are from cervix or corpus, and supported by biopsy. Biopsy from uterine scrapings or pieces of tissue otherwise obtained is accurate in practically all cases. In the late cases of advanced carcinoma of the cervix the diagnosis is usually evident to the experienced gynecologist or surgeon on inspection, and that of the body not difficult to arrive at; yet both are best confirmed by the pathologic study of tissue.

TREATMENT

The treatment of carcinoma of the uterus is now well standardized and utilizes three well known methods, namely, roentgen therapy, radium treatment and surgery. These methods are in no way competitive, but are complementary one to the other. Each case becomes a rule unto itself, depending on the stage and development of the disease, the equipment and trained personnel

available, the physical condition and constitutional development of the patient, and the associated diseases present. The fact remains there is a standard, adequate and satisfactory method of treatment for every case of cancer of the uterus. Time does not permit a full discussion here of the details of application of different forms of treatment for the various types and stages of development of the disease. In summary, however, the following outline is presented as a guide:

In carcinoma of the cervix:

Prophylactic treatment consists of

1. Routine check-up to eradicate cancer in its incipiency.
2. Careful obstetrics, with repair of cervical lacerations.
3. Cure of leukorrhea, whatever the cause.

Curative treatment is effected by use of

1. Surgery, in early operative cases by a radical total hysterectomy based on the technic of Wertheim, removing all the glands and gland-bearing tissues of the pelvis and adjacent areas. There is an active trend toward this form of treatment, combined with preoperative and postoperative roentgen and radium therapy.
2. Radium treatment, which results in shrinkage of the tumor, cessation of the bleeding, improvement and general well-being of the patient.
3. Roentgen therapy, by external irradiation and/or cone applicators.

In advanced inoperable lesions treatment consists of

1. Roentgen or radium therapy, or both.

In carcinoma of the body:

Treatment consists of

1. In early operative cases, complete hysterectomy with preoperative radium or roentgen therapy.
2. In late cases, only roentgen therapy together with sedation and palliation. The patients in these cases comprise the most hopeless and pitiful group.

To be borne in mind are the hazards of treatment in the form of complications, for in surgery there is a necessary percentage of mortality and morbidity, depending upon the extent of the disease, the condition of the patient and the capabilities of the surgeon. With radium therapy there may occur rectovaginal or vesicovaginal fistulas, proctitis, cystitis, headaches and intestinal obstruction, many cases of which are now being reported following the application of radium to the cervix. These complications may demand major surgery for correction. Also roentgen ray burns and constitutional symptoms may follow this form of treatment.

SUMMARY

A discussion of the general features of the prevention and cure of cancer of the uterus is presented.

Emphasis is placed upon frequent examinations of women, especially those who have borne children, and the early recognition and adequate treatment of malignant lesions of the cervix and of the body of the uterus.

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416 Comeau Bldg.

THYROTROPIC EXOPHTHALMOS

EMIL M. ISBERG, M.D.
MIAMI BEACH

It is now realized that the exophthalmos of hyperthyroidism is of two varieties and that it is of the utmost importance that they be properly differentiated. Exophthalmos may be either thyrotoxic or thyrotropic. There are two types of Graves' disease,[1]—the classic type, in which thyrotoxic and ophthalmic manifestations parallel one another, and the special ophthalmic type or thyrotropic exophthalmos, in which thyrotoxicosis and ophthalmopathy are dissociated. It is important to distinguish these two forms, for their treatment differs greatly.

In the classic type of Graves' disease, thyrotoxicosis and involvement of the eye are both present. Here the thyrotoxicosis is of primary consideration. If it is relieved by thyroidectomy or thiouracil, the ophthalmic involvement usually also improves without special treatment.

In thyrotropic exophthalmos, or the special ophthalmic type, the involvement of the eye in its progression is entirely dissociated from the thyrotoxicosis. The eyes provide the chief indication for treatment. When there is a hint that exophthalmos may pursue a relentless, independent course, the most important consideration in treatment is to refrain from thyroidectomy, for such a procedure is more likely to injure the eyes further than to help them. One must not accept thyroidectomy or thiouracil as routine treatment for Graves' disease. Rather, one must first routinely differentiate the two types of Graves' disease.

ETIOLOGY

Several investigators[2, 3] have obtained exophthalmos in thyroidectomized animals by the administration of extracts of the anterior lobe of the

pituitary. Thyrotropic factor has produced exophthalmos consistently in many laboratories. Thyrotropic exophthalmos is a disease of pituitary origin.

This disease is not common. Mulvaney[4] was of the opinion that it is encountered two or three times a year in most general hospitals in this country. In the experience of Means,[1] the special ophthalmic type constitutes about 4 per cent of all cases of Graves' disease.

Thyrotropic exophthalmos is relatively more common in men, while the thyrotoxic type occurs more frequently in women. In Mulvaney's series of cases, the average age among 22 men and 6 women was 54 and 47 years respectively. Thyrotropic exophthalmos is associated with the climacteric, whereas thyrotoxic exophthalmos occurs more frequently in young adults.

PATHOGENESIS

It is generally accepted that edema of the retrobulbar tissues is the cause of the exophthalmos of Graves' disease. The thyrotropic factor of the anterior pituitary promotes water storage. Thyroid hormone produces water diuresis. In disease, the balance of hormones may be upset. In Graves' disease the nature of the imbalance is such that its most conspicuous result is water storage. Because of the confined nature of the orbital space, this may have particularly disastrous consequences; exophthalmos results.

DIFFERENTIATION OF THE TWO VARIETIES OF EXOPHTHALMOS

In thyrotoxic exophthalmos, the proptosis is related to the degree of thyrotoxicosis; the basal metabolic rate is always elevated. In thyrotropic exophthalmos, the proptosis is unrelated to any coincident hyperthyroidism; the thyrotoxicosis may be lessening while the exophthalmos is progressing; there may even be progressive exophthalmos at a time when the patient is frankly hypothyroid.

In thyrotropic exophthalmos there is an uneasy proptosis. Subjective phenomena of pain, discomfort, lacrimation, photophobia, diplopia and difficulty in convergence occur frequently. Patients with this type of exophthalmos often consult an ophthalmologist first. Characteristically, there are great periocular edema, and chemosis and injection of the conjunctivas. Often a thick ridge of edematous tissue projects like a finger toward the inner canthus. Frequently there is unequal development of proptosis. Absence of lid spasm permits free eversion of the lids, and the degree of proptosis is more real than apparent.

On the other hand, in thyrotoxic exophthalmos the proptosis is symptomless. Congestive features of the conjunctivas are absent. Lid spasm is evident and proptosis is more apparent than real.

In thyrotopic exophthalmos there is rather little thyroid enlargement, sometimes none at all. Ophthalmopathy tends to become aggravated after thyroidectomy, often pursuing the horrible course of malignant exophthalmos. The eyes, not the thyrotoxicosis, present the major therapeutic problem.

TREATMENT

The plan of treatment for thyrotropic exophthalmos is based on the theory that the thyrotropic factor of the anterior pituitary promotes water storage and thyroid hormone promotes water diuresis. The therapeutic rationale advocated by Means[1] aims to relieve the edema of the orbital tissues. He stated that measures promoting water depletion are indicated and those promoting water retention are contraindicated. The agent most definitely indicated is thyroid hormone, and the measure most definitely contraindicated is thyroidectomy. The former causes diuresis; the latter promotes water retention. Preoperative differentiation of the two types of exophthalmos is thus especially important.

The usual treatment of Means and his coworkers[1] is to hold the basal metabolic rate as low as it will go by administration of iodine, and to add to this as large a dosage of desiccated thyroid as can be given without producing hyperthyroidism. The metabolic action of these two agents cancels out, but the diuretic action of thyroid is not opposed by iodine. If thyrotoxicosis demands further treatment than Lugol's iodine, Means[1] preferred roentgen irradiation of the thyroid to thyroidectomy.

One of Means' cases was treated with roentgen irradiation to the pituitary with striking benefit. Mulvaney[4] also advocated this measure. He suggested a trial of estrogenic substances, for their effect may be depression of pituitary thyrotropic output. Stilbestrol may be given in doses of from 5 to 10 mg. daily.

Engel[5] reported that in one of his cases of postoperative progressive exophthalmos there was

improvement on treatment with adrenal cortex. Complete spontaneous recovery followed.

When the integrity of the eye is threatened or vision is diminishing, then orbital decompression[6] is a necessary recourse. This is purely a palliative procedure, but it may be eye-saving and even life-saving.

There is a tendency to spontaneous arrest, and sometimes a remission of the disease may occur. Mulvaney[4] had 2 such cases under his care, stationary for six and ten years respectively. In a case of Engel's, following enucleation of one eye, the other eye returned to normal without treatment.[5]

REPORT OF CASE

Mrs. C. P., a 42 year old housewife, was first seen on Feb. 14, 1944 with the complaint of loss of weight. She had been in good health until eight months previously, when she began to feel the strain of attending an invalid mother with an incurable disease, and since that time her weight had fallen from 120 to 102 pounds despite a good appetite. She had noted increasing irritability and nervousness, and she was disturbed by the tremulousness of her hands. Two months previously she had first become aware of bulging of the eyes, but she had noticed no increased fulness of the neck.

On general physical examination she appeared to be in good health, although she was tense and anxious. The blood pressure was 108 systolic and 74 diastolic, and the pulse rate was 96. There was definite exophthalmos with retraction of lid margins and slight lid lag, but normal convergence. There was no injection or chemosis of the conjunctivas at this time. There was slight, diffuse, symmetric enlargement of the thyroid gland. The remainder of the physical examination gave entirely negative results except for a fine tremor of both hands.

On February 24 the basal metabolic rate was + 19 per cent and on February 26 it was +22 per cent. The exophthalmometer reading was 8 mm. for each eye. It was believed that she had mild exophthalmic goiter, and it was decided that she be treated conservatively and watched closely. She was given phenobarbital, 0.032 Gm. three times a day, and activity was restricted. On March 17 the basal metabolic rate was +4 per cent, and she felt much improved. She had gained weight to 110 pounds, and the exophthalmos had decreased. On May 15 the basal metabolic rate was +10 per cent, and the weight had risen to 120 pounds. The exophthalmometer reading was 6 mm. for each eye.

She was not seen again until October 13, and during the five month interval the exophthalmos had progressed greatly. The eyes were causing discomfort, and she was disturbed by lacrimation. There were great injection and chemosis of the ocular conjunctivas, and there was periorbital edema. Yet the basal metabolic rate was only +3 per cent. The exophthalmometer reading was 28 mm. It was now apparent that she had thyrotropic exophthalmos. She was given desiccated thyroid, 0.065 Gm. twice daily, and Lugol's iodine, 1.0 cc. three times a day.

This program of desiccated thyroid and iodine therapy was maintained for the following year, and during that time there was definite recession of the proptosis with great improvement of the periorbital swelling and conjunctival chemosis. On this medication the basal metabolic rate has ranged from +14 per cent to+26 per cent. There have been no symptoms of thyrotoxicosis. On Sept. 12, 1945 the basal metabolic rate was +16 per cent, the exophthalmometer reading was 24 mm. for each eye, and the weight was 127 pounds. Since the condition is being nicely controlled, this program of management will be continued indefinitely.

SUMMARY

Exophthalmos may be either thyrotoxic or thyrotropic, and it is important to distinguish these two varieties, for their treatment differs greatly.

In thyrotropic exophthalmos, or the special ophthalmic type of Graves' disease, the involvement of the eye is dissociated from thyrotoxicosis. The most important consideration in the treatment of this disease is to refrain from thyroidectomy, for after such a procedure the exophthalmos may pursue a terrible, relentless, progressive course.

There is presented a case of thyrotropic exophthalmos managed for a year on desiccated thyroid and iodine therapy. On this program the proptosis has been kept under control.

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Jacksonville - The Convention City



Recent Aerial View of the Convention City

Jacksonville extends a hearty welcome to the medical profession. During three days in April, it will do its best, handicapped as it is during this stage of reconversion, to help the doctors of Florida enjoy and benefit by their visit to the city.

Many changes will be apparent to those who have not visited Jacksonville during the period of the war. A population growth from 173,000 to 206,000 is changing the tempo of life here; the city is in the midst of a metamorphosis from which is emerging a great southern metropolis.

Peace had scarcely been declared when Jacksonville began turning its attention to a much needed expansion. Many old buildings, considered as landmarks, are giving way to large modern structures. New industries by the score are finding suitable sites in and near the city, and many are well beyond the blueprint stage with their plans. Soon, it is hoped, there will be room for all who wish to live, work and play here.

The Naval Air Station, built at a cost of $100,000,000, will remain one of the country's largest peacetime naval bases. The large St. Johns River Shipyard, which during the war built many Liberty ships, will, under new management, continue to build boats—peacetime craft.

The home of the King Edward cigars is still the largest cigar factory under one roof in America. Its peacetime production of 1,500,000 cigars daily will soon be resumed and possibly surpassed.

Half an hour by automobile brings visitors to the celebrated Jacksonville Beaches—more than 30 miles of smooth, hard-packed sand, 600 feet wide at low tide. Here is the exclusive colony of Ponte Vedra, with its spacious homes, its hospitable Inn, and its famous golf course, rated as one of the six finest in America. At another point, where north-flowing St. Johns River enters the Atlantic Ocean, massive granite jetties poke their way out to sea for more than a mile. From these jetties



Headquarters—George Washington Hotel



Beautiful Confederate Park

anglers hook sea trout, red bass, sheepshead, whiting and drum.

Floriculturists will enjoy a visit to Oriental Gardens, one of Jacksonville's outstanding showplaces, and nature lovers will find inspiration and satisfaction in a trip to the tranquil village of Mandarin. Here massive, moss-hung oaks stand today as they have for hundreds of years, undisturbed by what man calls progress.

As an industrial center and a vacationland, Jacksonville is enjoyable the year around. Its spirit of true Southern hospitality has survived the transition of the sleepy village of Cowford into the present city, vibrant with life and energy.

PROGRAM

of the

Seventy-Second Annual Meeting

FLORIDA MEDICAL ASSOCIATION

To Be Held at JACKSONVILLE

APRIL 22, 23, and 24, 1946

REGISTRATION

The registration desk will be located in the northwest corner of the technical exhibit hall of the George Washington Hotel, with continuous service throughout the meeting. All members will be required to register and secure identification badges before attending any of the sessions. Guests and ladies are required to register.

CONVENTION HEADQUARTERS

George Washington Hotel

The local Hotel Committee, of which Dr. John B. Black is chairman, has made necessary arrangements with hotels for reservations of doctors and their families. The prices range from $3.50 up for single rooms and from $6.00 up for double rooms at the George Washington, Mayflower, Roosevelt, Seminole and Windsor Hotels. Dr. Black and his committee urge that reservations be made as early as possible, directly with the hotel preferred.

FISHING TRIPS

Parties will be taken on fishing trips if desired. Everything necessary for full enjoyment of this sport may be secured by application to Dr. Robert S. Wynn, Chairman of the Anglers' Committee, U. S. Post Office Building, Jacksonville, telephone 5-4394. Prizes will be awarded in this sports event, at the Association dinner.

TECHNICAL EXHIBITS

Technical exhibits will be located in the auditorium of the George Washington Hotel. The technical exhibits have a real scientific value, and physicians who wish to keep abreast of the times and be familiar with the latest development in drugs and medical appliances should spend some time with these exhibits; a surprising amount of useful information can be procured in this way. Many exhibitors have nothing to sell, the representatives of the firms being there to give the latest information regarding

their products. Those who have items for sale will gladly give information whether there is a purchase or not. Be sure to register your name with the various representatives who are exhibiting.

The following firms have arranged for exhibits at the Jacksonville meeting:

A. S. Aloe Company
American Optical Company
Bard-Parker Company, Inc.
Bilhuber-Knoll Corporation
Borden Company
Bremer Brace Manufacturing Co.
Brown Supply Company
Camel Cigarettes
Ciba Pharmaceutical Products, Inc.
Coca-Cola Company
Cutter Laboratories
Ediphone-Company
Endo Products, Inc.
C. B. Fleet Company, Inc.
General Electric X-Ray Corp.
H. J. Heinz Company
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Keleket X-Ray Company of Florida
Lederle Labortories, Inc.
Eli Lilly and Company
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Maico Hearing Service
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M & R Dietetic Laboratories, Inc.
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Ortho Pharmaceutical Corporation
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Schenley Laboratories, Inc.
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G. D. Searle & Co.
Sharp & Dohme, Inc.
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Spencer, Incorporated
E. R. Squibb & Sons
Surgical Supply Company
Tablerock Laboratories
Byron Thompson & Company, Inc.
Walker Vitamin Products, Inc.
White Laboratories, Inc.
Zimmer Manufacturing Co.

GOLF

The annual handicap golf tournament for members of the Florida Medical Association will be played at the Timuquana Country Club. The tournament will be held Monday and Tuesday, April 22 and 23. The club will be available to members of the Association for practice rounds on Sunday, April 21. Those wishing to participate must be registered and show F. M. A. badges.

Rules: U. S. Golf Association, except local rules. The golf professional will be on duty continuously for information. The ditch paralleling the right side of the eighteenth fairway is out of bounds; penalty, loss of distance only. The road on the left-hand side of number 3 green is a hazard. Vehicle tracks in the rough are not hazards. If the ball falls where the bulldozer has worked, if you elect to play it, you may; if you prefer, the ball may be carried to the fairway, with one stroke penalty. Winter rules will be in effect.

Handicaps: Three-fourths official handicap with a maximum of 27 strokes. The entrant must register with the starter and give his handicap before beginning his tournament round.

Score card must be dated, signed, attested and turned in to the starter at the end of the round.

Prizes will be awarded at the Association dinner. First prize: Orlando Cup (low net score). Many other prizes will be awarded. (*The last winner of the Orlando Cup is requested to deliver it at the registration desk on his arrival at the convention*).

For additional information, communicate with Dr. W. S. Manning, Chairman, Golf Committee, 404 Exchange Building, Jacksonville.

SKEET AND TRAPSHOOTING

Skeet and trapshooting events will take place Tuesday afternoon at the Jacksonville Gun Club. Guns will be furnished. Ammunition and targets may be secured at regular prices. All applications to participate in this sport should be made to Dr. Charles F. Henley, chairman of the Trapshooters' Committee, 344 St. James Building, Jacksonville.

SMOKER (*Not Stag*)

Monday, 9:00 p.m.

TIMUQUANA COUNTRY CLUB

ADMISSION BY F. M. A. BADGE ONLY

A most delightful evening of fun and frolic has been arranged for the doctors, guests and ladies by the Smoker Committee of which Dr. Webster Merritt is chairman.

ASSOCIATION DINNER

Tuesday, 7:00 p.m.

MAYFLOWER ROOF GARDEN

Dinner tickets ($2.50) may be obtained at the George Washington Hotel desk

AWARDING OF PRIZES

At Association Dinner

Golf, Fishing, Skeet and Trapshooting

ALUMNI AND FRATERNITY SUPPERS

Monday, 6:00 p.m.

SEMINOLE HOTEL

If you plan to attend one of these suppers, please notify Dr. R. R. Killinger, 450 St. James Building, Jacksonville, chairman, and name your group.

OFFICERS OF DUVAL COUNTY MEDICAL SOCIETY

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BANKS H. GOODALE, *Vice President*
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William S. Manning	George W. Croft
Robert S. Wynn	F. K. Hurt
Charles F. Henley	Edward Canipelli
John B. Black	Raymond R. Killinger
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H. L. Brillhart
James M. Bryant
Graham E. Henson
Edward Jelks
J. G. Lyerly
W. H. McCullagh
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E. D. Simmons
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John B. Black, *Chairman*

Theodore G. Croft
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Janet G. Leser, *Chairman*

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Lillian C. Mark
Lucille J. Marsh
Amelia B. Sheftall

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E. T. Sellers
E. C. Watt

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George W. Croft, *Chairman*

Donald M. Baldwin
James V. Freeman
W. G. Harris
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PROJECTING LANTERN

Floyd K. Hurt, *Chairman*

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Nelson A. Murray
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FINANCE

John A. Beals, *Chairman*

Mark E. Adams
Floyd K. Hurt
F. W. Krueger
John H. Mitchell
Shaler Richardson

MONDAY

FIRST GENERAL SESSION

Monday, 1:30 p.m.

BALLROOM

Call to Order, President John R. Boling

Invocation, Luther M. Cole, Lieut. Commander (ChC), USNR, Senior Chaplain U. S. Naval Hospital, Jacksonville

Address of Welcome, Frank L. Fort, President, Duval County Medical Society

Gavel to First Vice President, W. C. McConnell

President's Address, John R. Boling

President Resumes Chair

Report of Secretary-Treasurer, Robert B. McIver, and Managing Director, Stewart Thompson

Report of Editor of Journal, Homer L. Pearson

Introduction, Delegates from other state societies

New Business

Announcements

FIRST MEETING HOUSE OF DELEGATES

Monday, 3:00 p.m.

BALLROOM

President Boling in the Chair

Roll Call and Seating of Delegates

Adoption of Minutes as published in June 1944 Journal

Report of Delegates to A.M.A.: Homer L. Pearson and Edward Jelks

Election of one Delegate and one Alternate to A.M.A. meeting for two-year terms

(*A.M.A. By-Laws, Chapter I, Sec. 1: "A member of the House of Delegates must have been a member of the American Medical Association and a Fellow of the Scientific Assembly for at least two years next preceding the session of the House of Delegates at which he is to serve."*)

Meeting Place, 1947 (*Recommendation of Board of Governors*)

Reference Committee Personnel announced by President

Reading of Resolutions

Reports of Committees: (*Two copies of each report to be laid on speaker's table immediately after reading*)

- Board of Governors, W. M. Rowlett
- Scientific Work, Herbert E. White
- Legislation and Public Policy, H. D. Van Schaick
- Medical Education and Hospitals, H. G. Holland
- Public Relations, L. F. Robinson
- Necrology, J. C. Vinson
- Medical Postgraduate Course, T. Z. Cason
- Cancer Control, Joseph Halton
- Medical Economics, F. A. Vogt
- Venereal Disease Control, E. T. Sellers
- Interrelationship, W. M. Davis
- Tuberculosis and Public Health, W. C. Blake
- State Controlled Medical Institutions, H. Mason Smith
- Maternal Welfare, W. C. Thomas
- Child Health, George L. Cook
- Conservation of Vision, C. E. Dunaway
- Advisory to Woman's Auxiliary, G. C. Tillman
- Representatives to Industrial Council, R. R. Duke
- Council, Frederick J. Waas
- War Participation, Edward Jelks
- Board of Past Presidents, H. M. Taylor

New Business

Announcements

Adjournment

MEDICAL SERVICE PLANS

Monday, 5:00 p.m.

BALLROOM

President Boling presiding

Round Table Discussion, led by Mr. Frank Van Dyk, Vice President, United Medical Service, New York City.

ALUMNI AND FRATERNITY SUPPERS

Monday, 6:00 p.m.

SEMINOLE HOTEL

REFERENCE COMMITTEES

Monday, 8:00 p.m.

1. Health and Education in Ballroom; 2. Public Policy in Blue Room; 3. Finance and Administration in Spanish Room.

SMOKER (*Not Stag*)

Monday, 9:00 p.m.

TIMUQUANA COUNTRY CLUB

Admission by F. M. A. Badge Only

TUESDAY

BOARD OF PAST PRESIDENTS

Tuesday, 8:30 a.m.

BLUE ROOOM

Election of Chairman, Vice Chairman and Secretary

SECOND MEETING HOUSE OF DELEGATES

Tuesday, 9:30 to 11:25 a.m.

BALLROOM

Roll Call (*No alternates are to be seated for delegates attending yesterday's meeting*)

Recommendations of Reference Committees:
- No. 1, Health and Education
- No. 2, Public Policy
- No. 3, Finance and Administration

Other Unfinished Business

Announcements

Adjournment

SECOND GENERAL SESSION

Tuesday, 11:30 a.m.

BALLROOM

Call to Order, John R. Boling, President

Address (by invitation), "Progress in Abdominal Surgery" (Lantern Slides), Frank K. Boland, Professor of Surgery, Emory University, Atlanta, Ga.

SCIENTIFIC ASSEMBLIES

Committee on Scientific Work: Herbert E. White, chairman, St. Augustine; James G. Lyerly, Jacksonville; Daniel A. McKinnon, Marianna; Douglas D. Martin, Tampa; Homer L. Pearson, Miami.

Attention is called to the following By-Laws:

"All papers read before the Association shall be its property. Every paper shall be deposited with the secretary when read."

"No address or paper before the Association, except those of the president and orator, shall occupy more than fifteen minutes in its delivery, and no member shall speak longer than five minutes, or more than once on any one subject."

PROJECTORS

The Committee on Projecting Lantern, of which Dr. Floyd K. Hurt is chairman, has arranged for a projecting lantern and daylight screen for use during the convention. An operator will be available at all times.

FIRST SCIENTIFIC ASSEMBLY

Tuesday, 2:00 to 5:00 p.m.

BALLROOM

1. "Public Health Problems in Florida," Wilson T. Sowder, Jacksonville

   Discussion: Robert B. McIver, Jacksonville
   L. L. Parks, Jacksonville

2. "Pulmonary Resection in Nontuberculous Diseases of the Chest" (Lantern Slides), William O. Fowler, Orlando

   Discussion: David R. Murphey, Jr., Tampa
   Duncan T. McEwan, Orlando

3. "Peripheral Vascular Disease" (Lantern Slides), George D. Lilly, Miami

   Discussion: S. Charles Werblow, Miami Beach
   John R. Hilsenbeck, Miami

4. "Abdominal Incisions and Suture Materials" (Lantern Slides), Vernon A. Lockwood, St. Augustine

   Discussion: Edward Jelks, Jacksonville
   Lloyd J. Netto, West Palm Beach

5. "Significance of Soft Tissue Injuries," Richard F. Stover, Miami

   Discussion: M. C. Wilson, Miami
   E. Frank McCall, Jacksonville

ASSOCIATION DINNER

Tuesday, 7:00 p.m.

MAYFLOWER ROOF GARDEN

Dinner Tickets ($2.50) may be obtained at the George Washington Hotel desk

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AWARDING OF PRIZES

At Association Dinner

Golf, Fishing, Skeet and Trapshooting

WEDNESDAY

SECOND SCIENTIFIC ASSEMBLY

Wednesday, 9:30 to 11:30 a.m.

BALLROOM

6. "Treatment of Sacroiliac Sprain by Manipulation" (Lantern Slides), A. M. Bidwell, Tampa

   Discussion: Frank D. Gray, Orlando
   F. A. Vogt, Miami

7. "Principles Governing the Treatment of Amebic Infection in the Intestine" (Lantern Slides), James L. Borland, Jacksonville

   Discussion: Jere W. Annis, Lakeland
   Franz Stewart, Miami

8. "Infantile Scurvy," Alvyn W. White, Pensacola

   Discussion: Ludo von Meysenbug, Daytona Beach
   John W. Hayes, Jacksonville

9. "The Role of the Rh Factors in Clinical Medicine" (Lantern Slides), James N. Patterson, Tampa

   Discussion: David R. Murphey, Jr., Tampa
   Nelson A. Murray, Jacksonville

THIRD GENERAL SESSION

Wednesday, 12:00 Noon

Ballroom

President Boling in the Chair
Unfinished Business
New Business
Election of President-Elect
Election of First Vice President
Election of Second Vice President
Election of Third Vice President
Election of Secretary-Treasurer
Election of Editor of the Journal
Dr. Shaler Richardson escorted to the Chair as new president
Presentation of Past President's Button to Dr. John R. Boling and Certificates of Honor to Past Presidents by Dr. Shaler Richardson, President
Adjournment

SPECIALTY GROUP MEETINGS

SEVENTH ANNUAL MEETING
FLORIDA SECTION
AMERICAN COLLEGE OF PHYSICIANS

Officers

Meredith Mallory, President — Orlando
R. D. Thompson, Secretary — Orlando

Monday, April 22

Seminole Hotel—Flagler Room

10:00 a.m. Scientific Session
1. "Anginal Pain and Abdominal Disorders," E. Sterling Nichol, Miami
10:30 a.m. 2. "Neuroses as a Problem in Internal Medicine," L. S. Laffitte, Jacksonville
Discussion: Webster Merritt, Jacksonville
11:00 a.m. Round Table Discussion
11:30 a.m. Election of Officers
12:00 noon Luncheon ($1.50), Flagler Room

REGULAR MEETING OF THE FLORIDA SOCIETY OF
DERMATOLOGY AND **SYPHILOLOGY**

Officers

J. Frank Wilson, President — Jacksonville
Wesley W. Wilson, Secretary — Tampa

Sunday, April 21

Spanish Room

11:00 a.m. Round Table Discussion
11:30 a.m. Business Meeting
11:50 a.m. Election of Officers
1:00 p.m. Luncheon—Spanish Room

TWENTY-FOURTH ANNUAL MEETING
FLORIDA **RAILWAY SURGEONS** ASSOCIATION

Officers

Frank D. Gray, President — Orlando
W. C. Page, Secretary-Treasurer — Cocoa

Monday, April 22

Seminole Hotel—Orange Room

10:00 a.m. Annual Address of President
Report of Secretary-Treasurer
Reports of Standing Committees
11:00 a.m. Election of Officers

SEVENTH ANNUAL MEETING
FLORIDA SOCIETY OF
OPHTHALMOLOGY AND **OTOLARYNGOLOGY**

Officers

Carl E. Dunaway, President — Miami
Nelson M. Black, Vice President — Miami
William Y. Sayad, Secy.-Treas. — West Palm Beach

Sunday, April 21

Ball Room

8:30 p.m. General Scientific Session
1. President's Address of Welcome, Carl E. Dunaway, Miami
2. "Exophthalmus in Relation to Orbital Tumors," Sherman B. Forbes, Tampa
3. "Gradenigo's Syndrome; Review of Literature Since 1926; Review of a Case Complicated by Frontal Sinusitis," W. Jerome Knauer, Jacksonville
Discussion: S. B. Forbes, Tampa
H. Marshall Taylor, Jacksonville
4. Annual Report of Florida Council for the Blind, Mr. M. Robert Barnett, Executive Secretary, Tampa
5. Unfinished and New Business

Monday, April 22

Ball Room

9:30 a.m. Scientific Session
1. Address (by invitation), Arthur Proetz, St. Louis, Mo.
2. "The Ocular Signs of Subdural Hematoma in Infants and Adults," (by invitation), Frank B. Walsh, Baltimore, Md.
3. "Nasopharyngeal Tumors—Their Ophthalmic Interest," (by invitation), Frank B. Walsh, Baltimore, Md.
12:00 noon Business Session and Election of Officers

SEVENTH ANNUAL MEETING
FLORIDA ASSOCIATION OF
INDUSTRIAL SURGEONS

Officers

Kenneth A. Morris, President — Jacksonville
A. M. Bidwell, Sec.-Treas. — Tampa

Monday, April 22

Banquet Hall

11:00 a.m. President's Address, Kenneth A. Morris, Jacksonville
11:10 a.m. Secretary-Treasurer's Report
11:20 a.m. Report of Fee Schedule Committee, A. M. Bidwell, Chairman
11:30 a.m. "Medical Fees Under the Longshoremen's and Harbor Workers' Compensation Act," Mr. R. P. Lawson, Deputy Commissioner, U. S. Employee's Compensation Commission
11:35 a.m. "Revision Fee Schedule," Mr. Raymond E. Barnes, Director, Workmen's Compensation Division, Florida Industrial Commission
11:40 a.m. "Revision Fee Schedule," Mr. C. L. Daughtry, Attorney, Southern Department, Hartford Accident & Indemnity Company
11:45 a.m. Round Table Discussion
12:30 p.m. Election of Officers

FOURTH ANNUAL MEETING
FLORIDA **PATHOLOGICAL** SOCIETY

OFFICERS

L. Y. Dyrenforth, President ..... Jacksonville
V. M. Johnson, Vice President ..... West Palm Beach
Iva C. Youmans, Secy.-Treas. ..... Miami

Monday, April 22
DUVAL COUNTY HOSPITAL LIBRARY

10:00 a.m. Tumor Seminar
Referee, Everett L. Bishop, Atlanta
11:30 a.m. Business Session and Election of Officers
12:00 noon Luncheon—Duval County Hospital

EIGHTH ANNUAL MEETING
FLORIDA **PEDIATRIC** SOCIETY

OFFICERS

Ludo von Meysenbug, President ..... Daytona Beach
George L. Cook, Vice President ..... Tampa
Robert Blessing, Secy.-Treas. ..... Ft. Lauderdale

Sunday, April 21
EAST ROOM

7:00 p.m. Dinner Meeting ($2.50)

Monday, April 22
EAST ROOM

9:30 a.m. Clinical Session
Election of Officers

FIRST ANNUAL MEETING
FLORIDA **HEALTH OFFICERS'** SOCIETY

OFFICERS

Frank V. Chappell, President ..... Tampa
W. E. Van Landingham, Vice President West Palm Beach
Lorenzo L. Parks, Secy.-Treas. ..... Jacksonville

Monday, April 22
SEMINOLE HOTEL—DUVAL ROOM

10:00 a.m. Scientific Session
1. "Causes of the High Maternal Mortality in Florida," Lucille J. Marsh, Jacksonville
Discussion: Cleland D. Cochrane, Daytona Beach
2. "What is This Thing Called Governmental Medicine?" Shaler Richardson, Jacksonville
3. "A County Program for the Control of Tuberculosis," Frank M. Hall, Gainesville
Discussion: Clark W. Mangun, Jacksonville
11:30 a.m. Business Meeting and Election of Officers

FIFTEENTH ANNUAL SPRING MEETING
FLORIDA **RADIOLOGICAL** SOCIETY

OFFICERS

John A. Pines, President ..... Orlando
Charles M. Gray, Vice President ..... Tampa
James F. Pitman, Secy.-Treas. ..... Lake City

Sunday, April 21
BLUE ROOM

2:00 p.m. Scientific Session
Round Table Discussion
6:30 p.m. Dinner—Blue Room
8:00 p.m. Scientific Session

Monday, April 22
BLUE ROOM

10:00 a.m. Business Meeting and Election of Officers.

NINETEENTH ANNUAL MEETING
WOMAN'S AUXILIARY

LOCAL COMMITTEE CHAIRMEN

Mrs. F. J. Waas ..... General Chairman
Mrs. R. B. McIver ..... Asst. Genl. Chairman
Mrs. Charles F. Henley ..... Decorations
Mrs. O. P. Broadbent ..... Exhibits
Mrs. R. H. Cleveland ..... Posters
Mrs. Raymond H. King ..... Publicity
Mrs. Frank Wilson ..... Social
Mrs. Nelson A. Murray ..... Transportation
Mrs. A. K. Wilson ..... Information
Mrs. Nathan Weil, Jr. ..... Registration
Mrs. O. E. Harrell ..... Pages

REGISTRATION

The registration desk will be located in the northwest corner of the technical exhibit hall of the George Washington Hotel, with continuous service throughout the meeting. All members will be required to register and secure identification badges before attending any of the sessions. Guests and ladies are required to register.

PROGRAM

Monday, April 22

3:30 p.m. Pre-Convention Board Meeting—East Room
9:00 p.m. Smoker—Timuquana Country Club

Tuesday, April 23

9:30 a.m. General Auxiliary Session—Banquet Hall
Call to Order, Mrs. W. C. Williams, President
Invocation, Dr. Eugene C. Few, Pastor Riverside Park Methodist Church.
Pledge of Allegiance to the Flag
Greetings, Mayor Frank C. Whitehead
Address of Welcome, Mrs. S. M. Copeland, Jacksonville
Response, Mrs. L. M. Jenkins, Miami
In Memoriam, Mrs. J. E. Maines, Gainesville
Introduction of Guests
Reading of Minutes, St. Petersburg Convention, Mrs. C. D. Rollins, Jacksonville
Roll Call
Convention Rules of Order, Mrs. Gordon H. Ira, Jacksonville
Credentials and Registration, Mrs. Nathan Weil, Jr., Jacksonville
President's Message, Mrs. W. C. Williams, West Palm Beach
Reports:
Officers and Chairmen
County Presidents
Nominating Committee
Election of Officers
Election of Delegates to National Convention
Installation of Officers
Announcements
Adjournment
1:00 pm. Luncheon—Mount Vernon Manor, Orange Park
4:00 p.m. Rustic Tea at home of Dr. and Mrs. John H. Mitchell, Mandarin
7:00 p.m. Association Dinner—Mayflower Roof Garden



FRANK K. BOLAND, M.D., OUR GUEST SPEAKER

Frank Kells Boland, born in Indianapolis, has been a resident of Atlanta since he was three months of age. He attended the University of Georgia, from which he received his A.B. degree in 1897. He then matriculated at Emory University School of Medicine and was graduated in 1900. After an internship at Johns Hopkins and St. Joseph's Hospitals, Baltimore, he began the practice of medicine and surgery in Atlanta in 1903. He has served for many years as Professor of Surgery at Emory University School of Medicine. In 1926 he received the degree of D.Sc. from the University of Georgia.

During World War I, Dr. Boland served overseas as a lieutenant colonel with the medical corps of the United States Army. He was Chief of the Surgical Service of Base Hospital No. 43, known as the Emory Unit.

Recognition has come to Dr. Boland for outstanding work in his specialty. He has been chosen as a member of the Board of Governors of the American College of Surgeons, and a Fellow of the American Surgical Association. He has also served as president of the Fulton County Medical Society, the Medical Association of Georgia, the Southern Medical Association, the Southern Surgical Association, and the Southeastern Surgical Congress.

FLORIDA MEDICAL ASSOCIATION

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ANNUAL CONVENTION IN JACKSONVILLE

The Association's seventy-second annual convention, to be held in Jacksonville, April 22, 23 and 24, is unique in that it is the first postponed convention in the history of the Association. Originally scheduled for 1945, the meeting was canceled that year because of wartime regulations.

There is every indication that this year's meeting will draw an unusually large attendance. Bans and restrictions have been lifted, and many medical officers have returned from service. As a result of this gradual return to normalcy, doctors who remained in the state to care for the civilian population will, for the first time in years, be able to leave their practices for a few days.

Mindful of the importance of this first postwar convention, the Committee on Scientific Work, headed by Dr. Herbert E. White of St. Augustine, has scheduled nine splendid papers of current interest. The House of Delegates, in addition to its routine business, will consider problems of such vital importance as prepaid hospital and medical service.

Interspersed through the more serious sections of the program will be time for entertainment and relaxation. On Monday evening, a smoker will be held at the Timuquana Country Club, to which the ladies are invited. The Committee on Smoker, of which Dr. Webster Merritt is chairman, has made elaborate arrangements for this event. The State Association dinner will be served in the Roof Garden of the Mayflower Hotel on Tuesday evening. A program of entertainment has been planned, and prizes for the sports events will be awarded.

The Committee on Arrangements of the Duval County Medical Society, of which Dr. E. C. Swift is chairman, has been enthusiastically planning and working to provide an enjoyable time to all who attend this convention. The full program will be found in the pages of this issue of the Journal.—H. L. P.

NOTICE TO DELEGATES AND COMMITTEE CHAIRMEN

The first meeting of the House of Delegates will be held on Monday at 3 p.m. in the George Washington Hotel. Delegates are requested to register as soon after arrival as possible, at the registration desk located in the technical exhibit hall on the first floor.

At the registration desk special badges will be given to those members who are to be seated in the House of Delegates. Each delegate is required to present official credentials signed by the secretary of his county medical society. Members and guests who are not delegates are requested to use the seats towards the rear of the room, in order that official delegates may all sit together towards the front.

Chairmen of standing committees are urged to be present on time so that their reports may be read as scheduled in the official program which is published in this issue of the Journal. Annual committee reports, resolutions, etc., are to be prepared in duplicate, and both copies laid on the speaker's table immediately after reading.

Delegates and committee chairmen, please note the time, date and place of this first meeting of the House of Delegates—3 p.m., Monday, April 22, in the George Washington Hotel.—H. L. P.

NEW DIRECTOR OF LABORATORIES

At a recent meeting, the State Board of Health selected from a large number of applicants Albert V. Hardy, M. D., as director of the Bureau of Laboratories.

Dr. Hardy received his degree in Medicine at the University of Toronto and a degree of Doctor of Public Health from Johns Hopkins University. He has had wide experience in laboratory work and in epidemiology, particularly in the fields of bacteriology and the communicable diseases. He is considered an authority in the field of diarrheal diseases. He served as Epidemiologist with the State Health Department in Iowa and as Associate Professor in the Department of Preventive Medicine at the State University of Iowa. He was Assistant Professor of Epidemiology in Columbia University Medical School from 1935 to 1940. During the war he was with the National Institute of Health and conducted field studies on diarrheal diseases for the Office of Scientific Research and Development.

In announcing his appointment, Dr. Sowder stated he felt that Dr. Hardy would be able to make a definite contribution not only to public health but to the private practitioners in the State of Florida.

DISTRIBUTION OF SURPLUS BLOOD PLASMA

By recent act of Congress, surplus blood plasma in the hands of the armed forces was returned to the Red Cross for distribution to the American people for charitable purposes. The Red Cross has allocated this plasma to various State Health Departments for distribution, the plan of distribution to be approved by the State Medical Association and the State Hospital Association.

It was first planned to distribute this plasma through existing blood banks but it was found that there were not enough existing blood banks to cover the state. This material is, therefore, being allocated through county health departments on the following basis: 1 unit of plasma is alloted for each practicing physician and 1 unit for four general hospital beds. In localities where there are existing blood banks this plasma will be turned over to these institutions, provided they agree to distribute the material without charge in accordance with the Red Cross policy.

The Red Cross has asked the State Board of Health to emphasize that the supply of dried blood plasma is limited and probably will not last more than from six months to a year. It is urged that every possible step be made to develop a permanent plan for the collection and distribution of blood products.

Wilson T. Sowder,
State Health Officer.

FROM MY POINT OF VIEW

I have watched with concern the signs of weariness and tension, so plainly written on the faces of my doctor friends. I have seen their elastic step give way to a drag. They are tired. Why? Is it solely because they are growing older? I do not think so.

There is an element in the practice of medicine which I think is responsible for most of this fatigue. True, this condition of which I speak is present in practically every business or profession, but is particularly maddening in our work. This element is the assumption on the part of patients that they possess a greater amount of knowledge concerning the functions of the human body than they actually do.

For example a nasal allergy, particularly if a mixed bacterial infection is present, is not easily differentiated from a nasal coryza. But 80 per cent of my new patients have already made their own diagnoses, usually in favor of the "cold." Then the battle starts. Carefully I try to explain that their symptoms are those of hay fever. I have even listed on a printed form the differential points, and show the patients into which bracket their trouble fits.

The arguments I get in opposition to my reasoning run anywhere from very reasonable ones to such ridiculous clinching reasons, and facts as the following: "You are wrong, Doctor. These are constant colds I have, and I know it because Mrs. Doe was quite positive on the subject." "And who is Mrs. Doe, and why is she such an authority?" "She's a minister's wife." That settled that argument, and she went somewhere else and got some "cold shots."

Yes, I know I should have laughed; I should not have become tense, but I did, and if you'll be honest with yourself, you will admit that you do the same thing under the same conditions. This thing in all its forms keeps up all day. For hours we battle old disproved ideas, the neighbors' ideas, the radio cure-'em-all remedies, the opinions of

the "Prominent Medical men," so frequently quoted, and the misinterpretations people get from reading medical textbooks and which they cannot understand.

And so I gripe about it to my medical friends. As Mark Twain said, "I take my wares to a poor market." The nose and throat specialist says, "What the devil are you kicking about? Ninety per cent of my patients come with their own diagnosis of 'sinus trouble.' Ninety per cent of them won't believe me when I tell them their sinuses are clear." My friend, the internist, says, "I rarely have a patient ask me a question. They tell me what their trouble is, and insist that I treat them for it." The surgeon says, "What do I know about appendicitis? When grandma says it's a belly ache, a belly ache it remains."

Am I exaggerating? I do not think so, and if each of my medical readers will mentally review just one past week, I am sure they will agree with me.

Think, for example, of the sulpha drugs. Some patients cannot take them, but a greater number *know* they cannot, this so-called knowledge, being based upon fear stemming directly from their misinterpretation of what the patient has seen, read, or heard about these drugs or has felt after taking them. In either case, the result is the same. They will not take sulpha, and the mental and verbal battle to convince them goes on in every doctor's office. This fight and the consequent tension continues day after day. Then comes the fatigue, the restless nights, the irritability, the furrowed brow, and the dragging feet. I have not mentioned the fight against the disease. That is necessary and a well trained doctor takes that in his stride.

But where did any of us get the training necessary to meet these obstructionists' tactics in the "detached manner" the psychologists say is necessary to possess?

A lawyer told me the sovereign remedy—"government medicine. When you are working as a government agent, you can ignore all that and literally or figuratively tell such a patient to get out." Ah, but I think my lawyer friend forgets that these people vote, and elect the politician, through whom we would get our patients. Woe to the honest doctor, under these conditions. Yes, his fight, and his tension would disappear, and probably, also, his practice.

F. C. Metzger, M.D.

MEDICAL OFFICERS RETURNED

Dr. James T. Cowart, who entered military service on July 18, 1942, received his discharge on March 11, 1946. His address is 442 W. Lafayette Street, Tampa. He held the rank of Commander.

Dr. Donald M. Baldwin, who entered military service on June 5, 1941, received his discharge on March 11, 1946. His address is 1022 Park Street, Jacksonville 4. He held the rank of Commander.

Dr. Nathan L. Marcus who entered military service on Aug. 25, 1942, received his discharge on March 28, 1946. His address is 608 Tampa Street, Tampa. He held the rank of Lieut. Commander.

Dr. Sherrel D. Patton, who entered military service on May 9, 1942, received his discharge on Jan. 28, 1946. His address is Sarasota. He held the rank of Captain in the Army.

Dr. Charles L. Farrington, who entered military service on Aug. 27, 1942, received his discharge on Jan. 3, 1946. His address is 233 Fourth Avenue, N. E., St. Petersburg. He held the rank of Major.

Dr. L. L. Lancaster, who entered military service on Jan. 15, 1942, received his discharge on March 23, 1946. His address is 535 South Jackson Avenue, Bartow. He held the rank of Lieut. Colonel.

Dr. G. N. Click, who entered military service on July 12, 1942, received his discharge on Feb. 8, 1946. His address is 207-209 San Carlos Hotel, Pensacola. He held the rank of Captain in the Army.

Dr. Joseph N. Torretta, who entered military service on Aug. 17, 1942, received his discharge on Jan. 29, 1946. His address is 416 Tampa Street, Tampa. He held the rank of Lieut. Colonel.

Dr. Eugene F. Costantino, who entered military service on Oct. 21, 1942, received his discharge on Feb. 5, 1946. His address is 107 Parker Street, Tampa. He held the rank of Captain in the Army.

Dr. Merritt R. Clements, who entered military service on Sept. 1, 1942, received his discharge on Jan. 19, 1946. His address is 1232 North Monroe Street, Tallahassee. He held the rank of Lieut. Commander.

Dr. F. Emory Bell, who entered military service on Feb. 1, 1941, received his discharge on Feb. 20, 1946. His address is 525 West Main Street, North, Gainesville. He held the rank of Lieut. Colonel.

Dr. David Walterman, who entered military service on Dec. 29, 1940, received his discharge on Feb. 15, 1946. His address is 1040 15th Street, Miami Beach. He held the rank of Captain in the Army.

Dr. George M. Dawson, who entered military service on June 1, 1942, received his discharge on Dec. 7, 1945. His address is P. O. Box 1177, Palm Beach. He held the rank of Lieut. Colonel.

Dr. S. Richard Ombres, who entered military service on July 2, 1942, received his discharge on March 2, 1946. His address is 918 Comeau Building, West Palm Beach. He held the rank of Captain in the Army.

Dr. Alexander Robbins, who entered military service on May 27, 1942, received his discharge on Feb. 10, 1946. His address is 1100 Drexel Avenue, Miami Beach. He held the rank of Major.

Dr. James R. Sory, who entered military service on Sept. 21, 1942, received his discharge on Dec. 13, 1945. His address is 535 South Flagler Drive, West Palm Beach. He held the rank of Lieut. Commander.

Dr. James Weres, who entered military service on July 15, 1942, received his discharge on Nov. 10, 1945. His address is Williston. He held the rank of Captain in the Army.

Dr. Jack Q. Cleveland, who entered military service on Sept. 2, 1942, received his discharge on Dec. 4, 1945. His address is 147 Alcazar Avenue, Coral Gables. He held the rank of Lieut. Colonel.

Dr. Albert H. Gleason, who entered military service on May 7, 1942, received his discharge on Dec. 16, 1945. His address is Winter Garden. He held the rank of Captain in the Army.

Dr. Robert J. Needles, who entered military service on July 18, 1942, received his discharge on Dec. 20, 1945. His address is 605 Empire Building, St. Petersburg. He held the rank of Lieut. Colonel.

Dr. William C. Roberts, who entered military service on Feb. 23, 1942, received his discharge on Jan. 24, 1946. His address is 348 Cove Boulevard, Panama City. He held the rank of Major.

Dr. Thomas Z. Stanley, who entered military service on Nov. 14, 1940, received his discharge on Dec. 16, 1945. His address is 502 Third Street, North, Jacksonville Beach. He held the rank of Major.

Dr. Russell W. Ramsey, who entered military service on Aug. 22, 1942, received his discharge on Dec. 11, 1945. His address is 108 Park Avenue, Winter Park. He held the rank of Captain in the Army.

Dr. E. F. McCall, who entered military service on June 16, 1942, received his discharge on Nov. 27, 1945. His address is 1022 Park Street, Jacksonville. He held the rank of Captain in the Army.

Dr. James R. Nieder, who entered military service on July 15, 1942, received his discharge on Dec. 10, 1945. His address is 20 N. E. Fifth Avenue, Delray Beach. He held the rank of Major.

Dr. Victor Clarholm, who entered military service on Nov. 14, 1942, received his discharge on Jan. 8, 1946. His address is P. O. Box 672, West Palm Beach. He held the rank of Lieut. Commander.

Dr. Jere W. Annis, who entered military service on Jan. 5, 1941, received his discharge on March 13, 1946. His address is Box 1021, Lakeland. He held the rank of Major.

Dr. Peter A. Drohomer, who entered military service on April 10, 1941, received his discharge on March 13, 1946. His address is 210 Volusia Avenue, Daytona Beach. He held the rank of Major.

Dr. Thomas C. Butt, who entered military service on July 7, 1941, received his discharge on March 6, 1946. His address is Florida Bank Building, Orlando. He held the rank of Commander.

Dr. Allen P. Gurganious, who entered military service on June 2, 1942, received his discharge on March 7, 1946. His address is Box 689, Palatka. He held the rank of Captain in the Army.

Dr. Carroll B. Jones, who entered military service on Dec. 29, 1941, received his discharge on March 17, 1946. His address is New Smyrna Beach. He held the rank of Lieut. Commander.

Dr. Jack J. Falk, who entered military service on July 5, 1942, received his discharge on March 24, 1946. His address is 605 Lincoln Road, Miami Beach. He held the rank of Captain in the Army.

Dr. Francis D. Pierce, who entered military service on March 1, 1941, received his discharge on March 18, 1946. His address is 406 Blount Building, Ft. Lauderdale. He held the rank of Lieut. Colonel.

Dr. Corren P. Youmans, who entered military service on Nov. 25, 1940, received his discharge on March 13, 1946. His address is 653 S. W. Second Street, Miami. He held the rank of Colonel.

Dr. James N. Patterson, who entered military service on Dec. 26, 1942, received his discharge on March 31, 1946. His address is 411 Citizens Building, Tampa 2. He held the rank of Lieut. Colonel.

Dr. John E. Dees, who entered military service on May 19, 1942, received his discharge on Dec. 13, 1945. His address is 801 S. W. Eighth Street, Miami. He held the rank of Captain in the Army.

Dr. M. C. Martin, who entered military service on Aug. 13, 1942, received his discharge on Oct. 30, 1945. His address is 1774 S. W. Eighth Street, Miami. He held the rank of Captain in the Army.

Dr. David W. Exley, who entered military service on Feb. 1, 1941, received his discharge March 30, 1946. His address is 1665 Washington Avenue, Miami Beach. He held the rank of Major.

Dr. Bernard Goodman, who entered military service on Sept. 23, 1942, received his discharge on March 2, 1946. His address is 9132 Harding Avenue, Surfside, Miami Beach 41. He held the rank of Major.

Dr. Carl S. McLemore, who entered military service on July 15, 1942, received his discharge on Jan. 19, 1946. His address is 541 Lincoln Road, Miami Beach. He held the rank of Major.

Dr. John D. Milton, who entered military service on Feb. 1, 1941, received his discharge on March 4, 1946. His address is Huntington Building, Miami 32. He held the rank of Colonel.

Dr. Frank M. Woods, who entered military service on Dec. 18, 1941, received his discharge on Feb. 4, 1946. His address is 601 Huntington Building, Miami 32. He held the rank of Commander.

Dr. H. Phillip Hampton, who entered military service on Sept. 15, 1941, received his discharge on March 6, 1946. His address is 706 Franklin Street, Tampa. He held the rank of Lieut. Colonel.

Dr. L. W. Dowlen, who entered military service on May 12, 1941, received his discharge on Feb. 24, 1946. His address is 802 Huntington Building, Miami 32. He held the rank of Commander.

Dr. Emmett E. Martin, who entered military service on Nov. 25, 1940, received his discharge on Jan. 18, 1946. His address is 144 Seventh Street, Haines City. He held the rank of Major.

Dr. R. M. Harris, who entered military service on Nov. 23, 1942, received his discharge on Feb. 17, 1946. His address is 333 Ingraham Building, Miami 32. He held the rank of Commander.

Dr. George N. Leonard, who entered military service on Aug. 15, 1942, received his discharge on Jan. 19, 1946. His address is 605 Lincoln Road, Miami Beach. He held the rank of Commander.

Dr. David A. Nathan, who entered military service on Aug. 8, 1942, received his discharge on Oct. 16, 1945. His address is 605 Lincoln Road, Miami Beach. He held the rank of Major.

Dr. John P. Turk, Jr., who entered military service on April 21, 1942, received his discharge on Jan. 23, 1946. His address is 1401 S. W. 14th Street, Miami. He held the rank of Lieut. Commander.

Dr. Milton M. Coplan, who entered military service on Dec. 26, 1941, received his discharge on Feb. 3. 1946. His address is 601 Huntington Building, Miami. He held the rank of Commander.

Dr. Paul O. Messner, who entered military service on Aug. 15, 1942, received his discharge on March 15, 1946. His address is Miami Springs. He held the rank of Major.

Dr. Otto S. Dowlen, who entered military service on May 9, 1942, received his discharge on March 17, 1946. His address is 541 Lincoln Road, Miami Beach 39. He held the rank of Captain in the Army.

Dr. Edward F. Fox, who entered military service on March 13, 1941, received his discharge on March 3, 1946. His address is 753 duPont Building, Miami 32. He held the rank of Lieut. Colonel.

Dr. Norman W. McLeod, who entered military service on June 14, 1942, received his discharge on Dec. 30, 1945. His address is 327 Ingraham Building, Miami 32. He held the rank of Captain in the Army.

Dr. James O. Elam, who entered military service on Oct. 31, 1942, received his discharge on Feb. 26, 1946. His address is 1481 N. W. 36th Street, Miami 37. He held the rank of Major.

Dr. Lawrence E. Geeslin, who entered military service on Jan. 2, 1941, received his discharge on Feb. 9. 1946. His address is Medical Arts Building, Jacksonville 4. He held the rank of Lieut. Colonel.

Dr. Sidney Stillman, who entered military service on June 9, 1941, received his discharge on Feb. 9, 1946. His address is 1845 Pearl Street, Jacksonville 6. He held the rank of Captain in the Army.

Dr. Grover C. Collins, who entered military service on Sept. 25, 1942, received his discharge on March 28, 1946. His address is 833 N. Virginia Avenue, Gainesville. He held the rank of Lieut. Commander.

Dr. Hunter B. Rogers, who entered military service on July 8, 1942, received his discharge on Feb. 25, 1946. His address is 27 N. W. Twelfth Avenue, Miami. He held the rank of Major.

Dr. Gordon H. McSwain, who entered military service on Sept. 3, 1942, received his discharge on Feb. 15, 1946. His address is Box 389, Arcadia. He held the rank of Major.

Dr. Daniel F. H. Murphey, who entered military service on Jan. 23, 1943, received his discharge on March 9, 1946. His address is 423 Power and Light Building, St. Petersburg. He held the rank of Major.

Dr. J. Charles Sternberg, who entered military service on Aug. 22, 1942, received his discharge on Feb. 11, 1946. His address is 2280 S. W. 16th Court, Miami. He held the rank of Major.

Dr. W. B. Wilkins, who entered military service on Aug. 10, 1942, received his discharge on Feb. 1, 1946. His address is 222 South County Road, Palm Beach. He held the rank of Captain in the Army.

Dr. C. C. Mendoza, who entered military service on Oct. 9, 1942, received his discharge on March 21, 1946. His address is 301 Medical Arts Building, Jacksonville 4. He held the rank of Captain in the Army.



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Dr. Eric H. Lenholt, who entered military service on Sept. 25, 1942, received his discharge on March 16, 1946. His address is 101 Lenox Avenue, Daytona Beach. He held the rank of Captain in the Army.

Dr. Irby H. Black, who entered military service on Aug. 2, 1942, received his discharge on Feb. 17, 1946. His address is 11 West Howard Street, Live Oak. He held the rank of Major.

Dr. Raymond Ralston, who entered military service on Jan. 9, 1941, received his discharge on Feb. 26, 1946. His address is 429 Robbins Avenue, Niles, Ohio. He held the rank of Lieut. Colonel.

Dr. H. J. Stipe, who entered military service on Sept. 18, 1942, received his discharge on March 12, 1946. His address is 210 Richards Professional Building, Ft. Myers. He held the rank of Captain in the Army.

Dr. Irving T. Clark, who entered military service on April 30, 1938, received his discharge on Feb. 27, 1946. His address is Box 424, Chattahoochee. He held the rank of Lieut. Commander.

Dr. F. G. King, who entered military service on July 9, 1942, received his discharge on Dec. 25, 1945. He expects to locate in Jacksonville after doing some postgraduate work. He held the rank of Major.

STATE NEWS ITEMS

Dr. R. Sam Mosley, previously of Miami, is a Visiting Fellow at Lahey Clinic, Boston, until April 1. After that, he goes to the New York Polyclinic Medical School for special work.

Alumni and fraternity suppers in connection with the annual convention are scheduled for 6 p.m., Monday, April 22. If you plan to attend one of these suppers, please notify Dr. R. R. Killinger, Chairman, 450 St. James Building, Jacksonville 2, and name your group.

Dr. Edwin H. Andrews, Gainesville, has opened a temporary office at 505 West University Avenue, and will limit his practice to surgery.

Dr. Donald M. Baldwin, Jacksonville, has reopened his office in the Medical Arts Building and will limit his practice to obstetrics and gynecology.

Dr. James L. Borland, Jacksonville, has opened offices at 206 Pearl Street and will limit his practice to gastroenterology.

Dr. F. H. Bowen, Jacksonville, has reopened offices at 2000 Park Street and will limit his practice to surgery.

Dr. James V. Freeman, Jacksonville, has opened offices at 2005 Park Street and will limit his practice to surgery, gynecology and radium therapy.

Dr. W. Tracy Haverfield, Miami, has opened offices at 429 Ingraham Building and will limit his practice to neurologic surgery.

Dr. Charles E. Hebard, Miami, has opened offices at 1106 Huntington Building, and will limit his practice to proctology.

Dr. Thomas M. Irwin, Jacksonville, has opened offices in the Medical Arts Building and will limit his practice to otorhinolaryngology.

Dr. John M. Kibler, Lakeland, has opened offices in the Watson Clinic and will limit his practice to urology.

Dr. Raymond H. King, Jacksonville, has opened a temporary office at 238 West Church Street, and will limit his practice to otorhinolaryngology and bronchoscopy.

Dr. Louis M. Orr, Orlando, has opened offices in the Exchange Building and will limit his practice to urology.

Dr. Eugene D. Simmons, Jacksonville, has opened offices in the St. James Building to resume the practice of medicine and surgery.

Dr. Karl B. Hanson, Jacksonville, has returned to 357 St. James Building and will limit his practice to internal medicine in association with Dr. Louie Limbaugh.

The First Year

THE SUCCESSFUL NUTRITIONAL history of S-M-A babies is due to the remarkable similarity of S-M-A to mother's milk. It is essentially the same as human milk in percentage of protein, fat, carbohydrate and ash, in chemical constants of the fat and in physical properties.

S-M-A* IS RECOMMENDED for normal, full term infants in the early weeks of life when a supplementary food is required for the breast-fed infant. It may be given to infants of any age whenever the mother's milk is unavailable, of poor quality or insufficient quantity.





S-M-A is derived from the milk of tuberculin-tested cows. Part of the butter fat of this milk is replaced with animal and vegetable fats, including biologically assayed cod liver oil. Milk sugar, vitamin A and D concentrate, carotene, thiamine hydrochloride, potassium chloride and iron are added. *REG. U. S. PAT. OFF.

Supplied: 1 lb. tins with measuring cup.

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Estrogen Therapy

SATISFACTORY RESULTS WITH

Safety

Schieffelin BENZESTROL
(2, 4-di (p-hydroxyphenyl) -3-ethyl hexane)



Schieffelin BENZESTROL Tablets:
Potencies of 0.5, 1.0, 2.0 and 5.0 mg.
Bottles of 50, 100 and 1000.
Schieffelin BENZESTROL Solution:
Potency of 5.0 mg. per cc. in 10 cc.
Rubber Capped Multiple Dose Vials
Schieffelin BENZESTROL Vaginal Tablets:
Potency of 0.5 mg. Bottles of 100

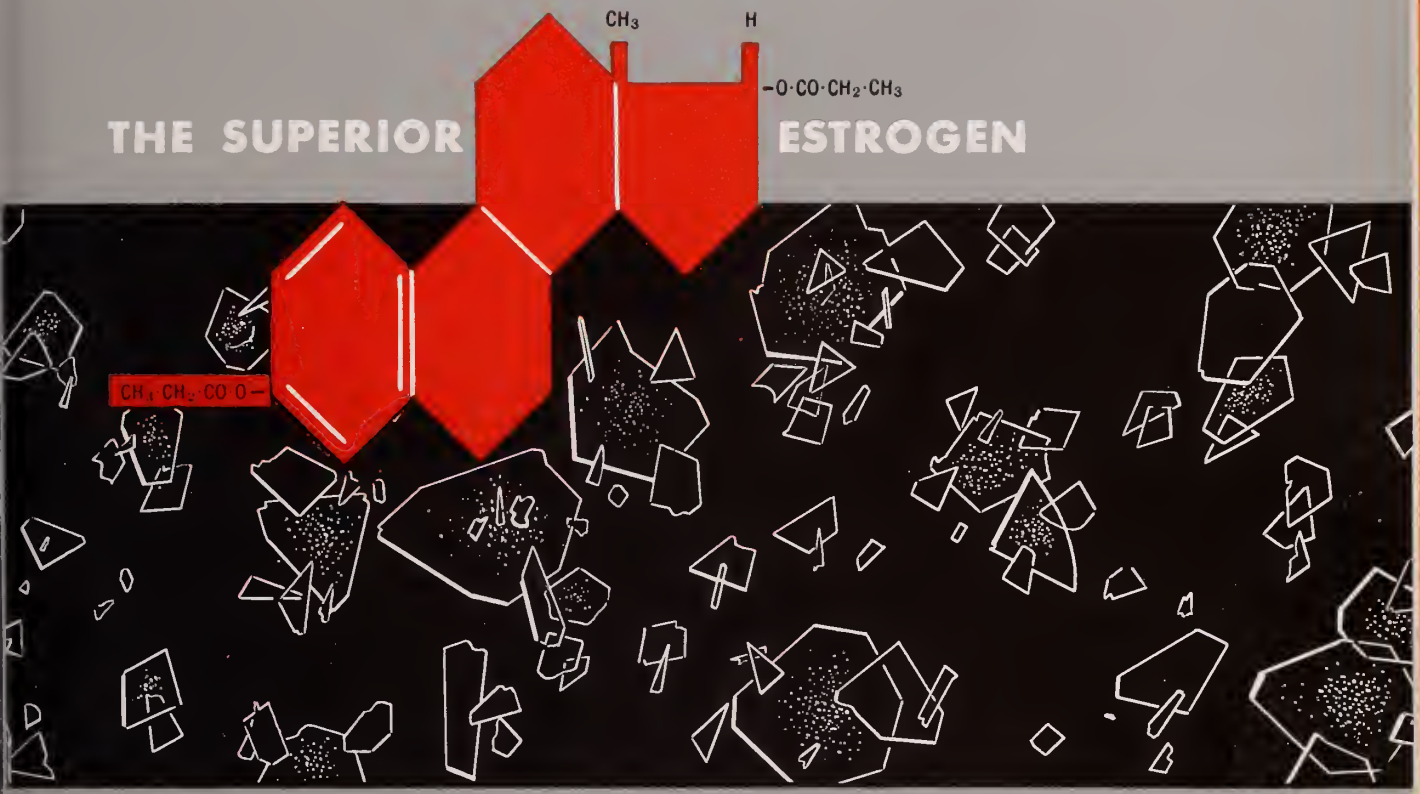
Relief of menopausal and other symptoms arising from the hypo-ovarian state comes promptly and comfortably under the influence of Schieffelin BENZESTROL.

The exceptionally low incidence of untoward side effects, as well as the high degree of potency, merit the physician's confidence in Schieffelin BENZESTROL as a safe and satisfactory synthetic estrogen.

Literature and sample on request

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THE SUPERIOR ESTROGEN



Ciba research is proud of its accomplishments in the field of steroid sex hormones. The development of endocrinology from the early days when de Graaf gave the first authentic account of the ovarian follicle, to the present-day understanding of the vital role played by the gonadal hormones, is an evolution in which Ciba has latterly had an important part. The record of Ruzicka and his associates, who first synthesized the androgenic hormone in cooperation with Ciba laboratories, is one of the cornerstones of our tradition.

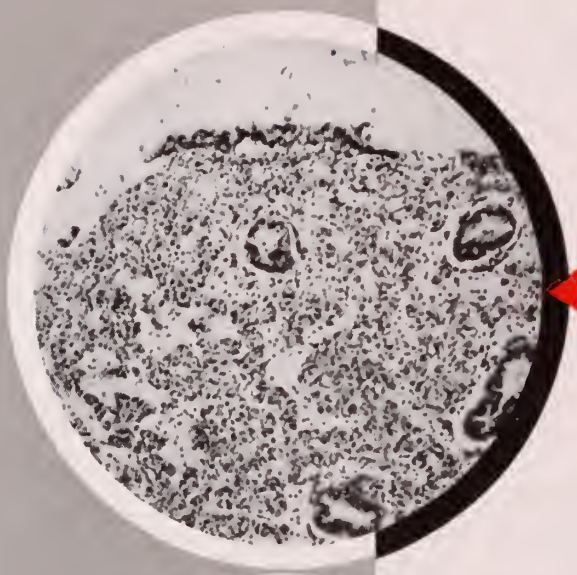
DI-OVOCYLIN

(α-estradiol dipropionate)

Trade Mark Reg. U. S. Pat. Off. and Canada

With the development of Di-Ovocylin, Ciba offers the superior estrogen having long-sought advantages of prolonged duration of effect with greatest economy.

CIBA



INFANTILISM:
ENDOMETRIAL
BIOPSY

AMENORRHEA

"While not estoblishing spontoneous menstruol periods," lorge doses of estrogenic substonces "nevertheless resulted in the oppeoronce of mony episodes of uterine bleeding, breost development, development of pubic ond oxillory hoir ond physiologicol and sociol odjustments."

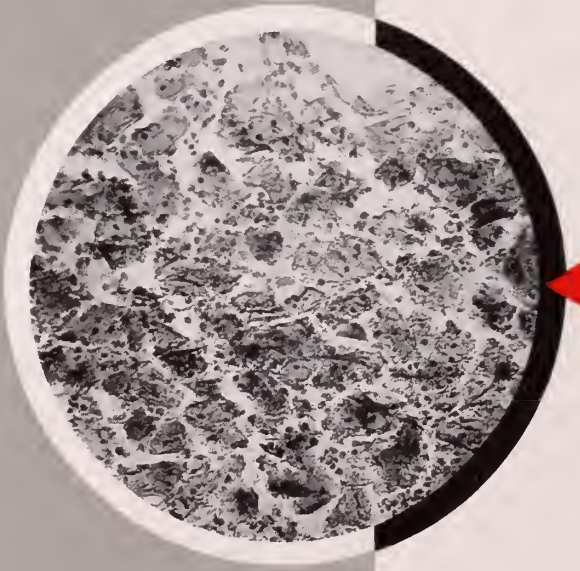
Finkler & Bass: Med. Woman's J., 47: 1, 1940.



DYSMENORRHEA

"The cromps of essentiol dysmenorrheo con be successfully eliminoted with estrogen when on odequote dose is storted eorly enough in the cycle. The odvontoges of using 'estrodiol dipropionote' ore thot o minimum of injections ore required ond there ore no demonstroble toxic effects."

Sturgis & Meigs: Surg., Gyn., & Obst., 75: 87, 1942.



MENOPAUSE:
VAGINAL SMEAR

MENOPAUSE

It is suggested thot menopousol potients "should receive injections of 5 mg. of estrodiol dipropionote" . . . "once weekly for three weeks. If this does not produce o sotisfoctory theropeutic response there is no need to continue seorching for the proper dosoge of estrogens, since this dose is omple for oll such coses."

Queries and Minor Notes, J. Am. Med. Assoc., 129: 1295, Dec. 29, 1945.

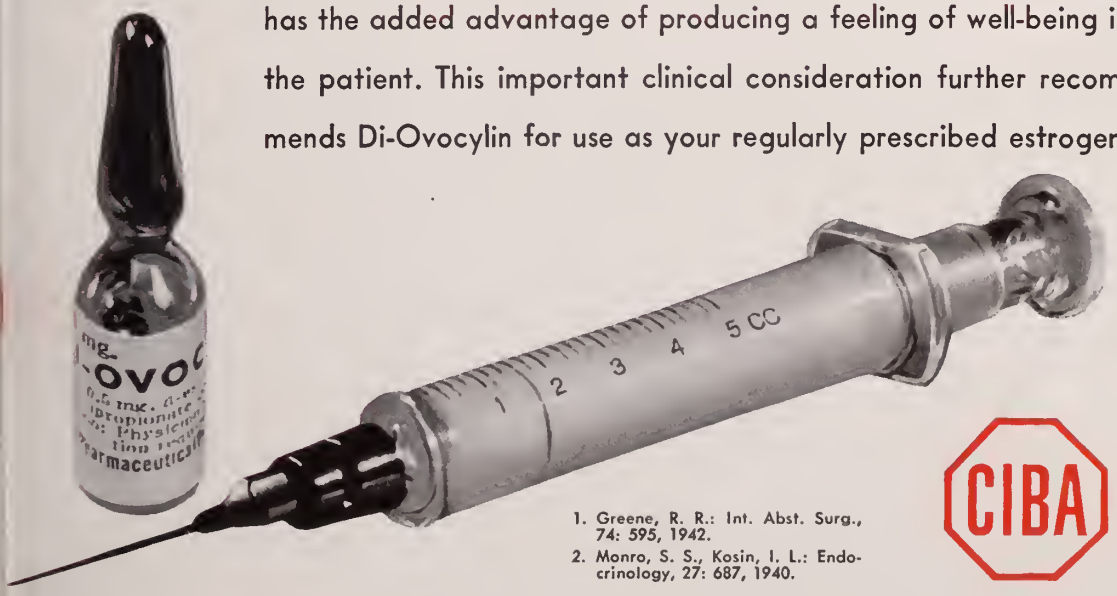
DI-OVOCYLIN

GIVES INCREASED INTENSITY AND PROLONGED DURATION OF EFFECT

Early estrogen therapy was hampered by the short-lived effect of the injection. Increasing doses merely resulted in wastage. Small divided amounts meant inconvenient multiple injections. With the advent of the esterified estrogenic hormone, Di-Ovocylin (estradiol dipropionate), the organism is spared the periodic alternation of hormonal want or abundance, and is supplied a constant, sufficient amount of estrogen. Whereas estrone injections may be required two or three times weekly, a single injection of Di-Ovocylin every fourteen to twenty-one days will control symptoms in the majority of menopausal patients.[1] In potency as well as in duration of effect, Di-Ovocylin offers greatest advantage. In one comparison of the potency of several estrogens, using the oviduct-stimulating power in chicks as criterion, it was shown that estrone had the lowest potency, estradiol and estradiol benzoate were higher, and estradiol dipropionate had highest potency.[2] Make Di-Ovocylin your estrogen of choice for its lasting therapy, easier management of cases, and gratifying economy.

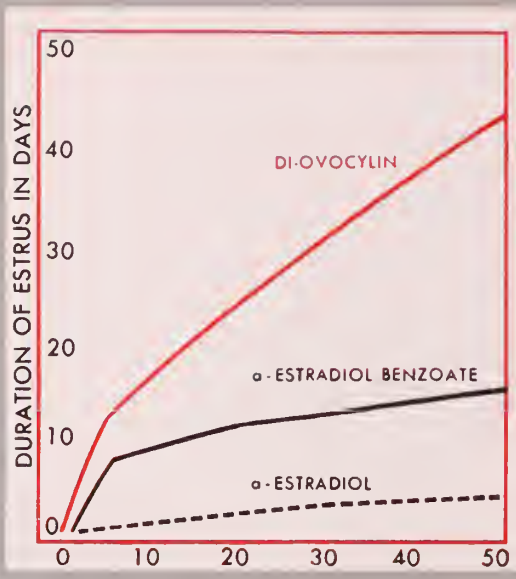
PRODUCES FEELING OF WELL-BEING

Di-Ovocylin, being a derivative of a natural estrogenic hormone, has the added advantage of producing a feeling of well-being in the patient. This important clinical consideration further recommends Di-Ovocylin for use as your regularly prescribed estrogen.

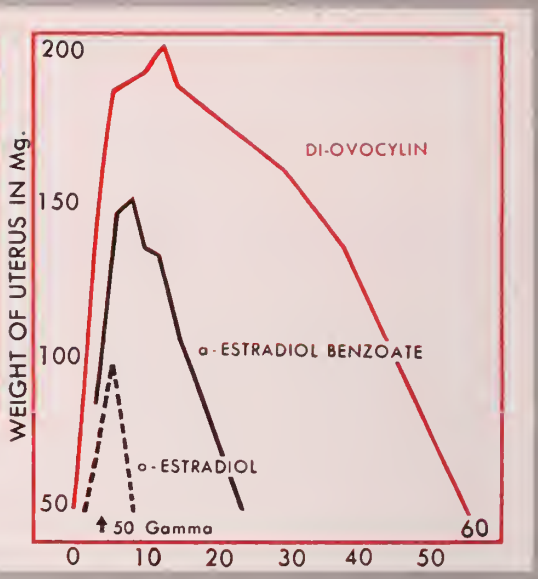


1. Greene, R. R.: Int. Abst. Surg., 74: 595, 1942.
2. Monro, S. S., Kosin, I. L.: Endocrinology, 27: 687, 1940.

CIBA



Duration of estrus produced in costroted rats by estradiol, estradial benzoote, and estradiol dipropionote.



Effect of estradiol, estradiol benzoate, and estrodial dipropianate on the uterine weight of castrated rats.

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Supplied: Ampuls of 1 cc. contoining 0.1 or 0.2 mg., in cortons of 6 ond 50; ompuls of 1 cc. contoining 0.5, 1.0, 2.5, or 5.0 mg., in cortons of 3, 6, ond 50.



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Used in conditions such os vulvovoginitis of infonts, senile voginitis, pruritus vulvoe. Supplied: Supposito-ries of 0.04 mg., boxes of 10 (Adult's size) ond 30 (Children's size); 0.4 mg., boxes of 10 (Adult's size).



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For concentroted locol effect in conditions such os under-developed breosts or senile voginitis. Supplied: Concentrotions of 0.03 mg. ond 0.15 mg. per Grom, in tubes of 50 Groms.

Ovacylin ond Di-Ovacylin—Trade Marks Reg. U. S. Pot. Off. ond Conodo



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1/46—1025 M.

Dr. William H. McCullagh, Jacksonville, has opened offices at 2000 Park Street and will limit his practice to neurology and psychiatry.

Dr. L. L. Parks, Jacksonville, who at the time of his separation from military service was a Lieut. Colonel, has since received a promotion to the rank of Colonel.

Emory University will celebrate the one hundredth anniversary of the birth of Abner Wellborn Calhoun, L.D., L.L.D., born April 16, 1845, died Aug. 21, 1910, the first professor of ophthalmology of the Atlanta Medical College. You are cordially invited to be the guest of Emory University at an ophthalmologic seminar to be held in Atlanta, April 4, 5, 6, 1946.

Dr. Carl S. McLemore has returned to private practice, with temporary offices at 541 Lincoln Road, Miami Beach. He will limit his practice to diseases of the eye, ear, nose and throat.

Dr. W. Jerome Knauer of Jacksonville announces that he will limit his practice to ophthalmology.

DOCTORS' OFFICES FOR RENT. Well located house in Fort Lauderdale, fully equipped and furnished for doctors' offices. Will accommodate two physicians. Plenty of parking space. Vacancy created by death of former occupant. Write Mrs. John A. Johnston, 1017 S. E. 2nd Court, Ft. Lauderdale.

BIRTHS AND DEATHS

BIRTHS

Dr. and Mrs. Louis A. Wilensky, Jacksonville, announce the birth of a daughter, Judy Linda, on February 23.

DEATHS—MEMBERS

Dr. Allen H. Miller, Millville—January, 1946.
Dr. Walter H. Dyer, Tampa—Feb. 9, 1946.

OTHER DOCTORS

Dr. Lewis M. Jones, Opelika, Ala.—June 17, 1945.

ANDREW JACKSON HARNESS

Dr. Andrew J. Harness of Miami died on Wednesday, January 30, after an illness of three months. He was 62 years of age.

Dr. Harness attended the Kentucky Medical College, from which he was graduated in 1904. He practiced his profession for ten years and then went to the New York Polyclinic Hospital for a two years' intership. He then settled in North Charleston, West Virginia, where he was surgeon for several large coal mines. In 1932 he received a license to practice in Florida and moved to the Miami district where he has since built up a large practice.

In World War I Dr. Harness was a surgeon on board an Army transport. During the recent war he did work for the Veterans Administration.

He was a member of the Dade County Medical Society, the Florida Medical Association, and the American Medical Association. He was also affiliated with the American Legion, the Acacia Club, the Shrine, Kiwanis, Knights of Pythias, Woodmen of the World, and the Central Baptist Church.

Survivors are his wife, Mrs. Mabel Harness, and a daughter, Mrs. W. G. Gunnoe, both of Miami.

MAXIMILIAN STERN

Dr. Maximilian Stern of Daytona Beach died at his home on January 19 at the age of 68.

A graduate of the College of Physicians and Surgeons of Columbia University, Dr. Stern was for twenty-five years a leading urologist in New York City. He was the inventor of the Stern resectoscope, which has been widely used by urologists in prostatic surgery. Some time after he had invented this instrument, he was invited to explain its operation to several groups of surgeons and scientists in Europe, which he did.

Because of failing health, Dr. Stern came to Florida in 1930. He soon resumed the practice of his specialty in DeLand, where he stayed for two years. He then moved to Daytona Beach and built up a large practice.

Dr. Stern was a member and past president of the Volusia County Medical Society, a member of the Florida Medical Association, a Fellow of the

Advertisement



From where I sit
by Joe Marsh

OUR TOWN HAS HEROES, TOO

Over at Thistle Ridge they're always boasting about their local heroes —ancestors in the Revolutionary War, congressmen, and an artist with pictures in the Metropolitan Museum.

Well, we've got our local heroes, too...

There was old Dr. Turner, who fought for years against the intolerance and bigotry that kept children from being vaccinated in our county.

And Deacon Follensby, who fought for free pews in the churches; Jess Hackney, who campaigned for teaching honest history in schools; Wedd Towers, who fought the encroachment of Prohibition and persuaded folks they wanted tolerance and moderation in place of a return to lawlessness.

You won't find monuments to these folks. But from where I sit, they're heroes in a cause that's pretty sacred in our town: the cause of freedom, tolerance and human dignity.

Joe Marsh

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American Medical Association and a member of the American College of Surgeons. He was chief of staff of the Halifax District Hospital. He was also affiliated with the Masons and the Rotarians.

Dr. Stern is survived by his widow, Mrs. Gertrude Stern, and a nephew, Dr. Henry Stern of Jacksonville.

The following resolutions with reference to the death of Dr. Stern were recently passed by the Volusia County Medical Society:

RESOLUTIONS

WHEREAS, it has pleased the Great Physician to call from our midst our friend and fellow-worker, Dr. Maximilian Stern, and

WHEREAS, his interest and presence will be continually missed in the meetings of our Society, Be It

RESOLVED, that we, the members of the Volusia County Medical Society, offer our profound sympathy and deep condolence to his bereaved wife, and Be It

RESOLVED, that a copy of these resolutions be sent to his wife, a copy be spread upon our minutes and a copy sent to the Florida Medical Association.

COMPONENT COUNTY SOCIETIES

ALACHUA

At the meeting of this society held at the Alachua County Hospital, Gainesville, on January 8, Dr. Walter Murphree was the principal speaker. His subject was "Pediatric Problems."

DADE

The January meeting of the Dade County Medical Society was held at the Nurses' Home, Jackson Memorial Hospital, on the evening of the 4th. A discussion was held of the Florida medical service plan. Drs. Walter C. Jones and Leigh F. Robinson outlined the scope of the plan and answered many questions pertaining to it.

DUVAL

Dr. Frederick H. Bowen was the principal speaker at a meeting of the Duval County Medical Society held at the Seminole Hotel, Tuesday evening, February 5. His subject was "Gunshot Wounds of the Abdomen." Drs. Kenneth Morris, Edward Jelks and H. M. Anderson discussed the paper.

JACKSON

All members of the Jackson County Medical Society have paid State Association dues for 1946. Officers of this society are: Dr. D. A.

Individual

MOISTURE PROTECTION

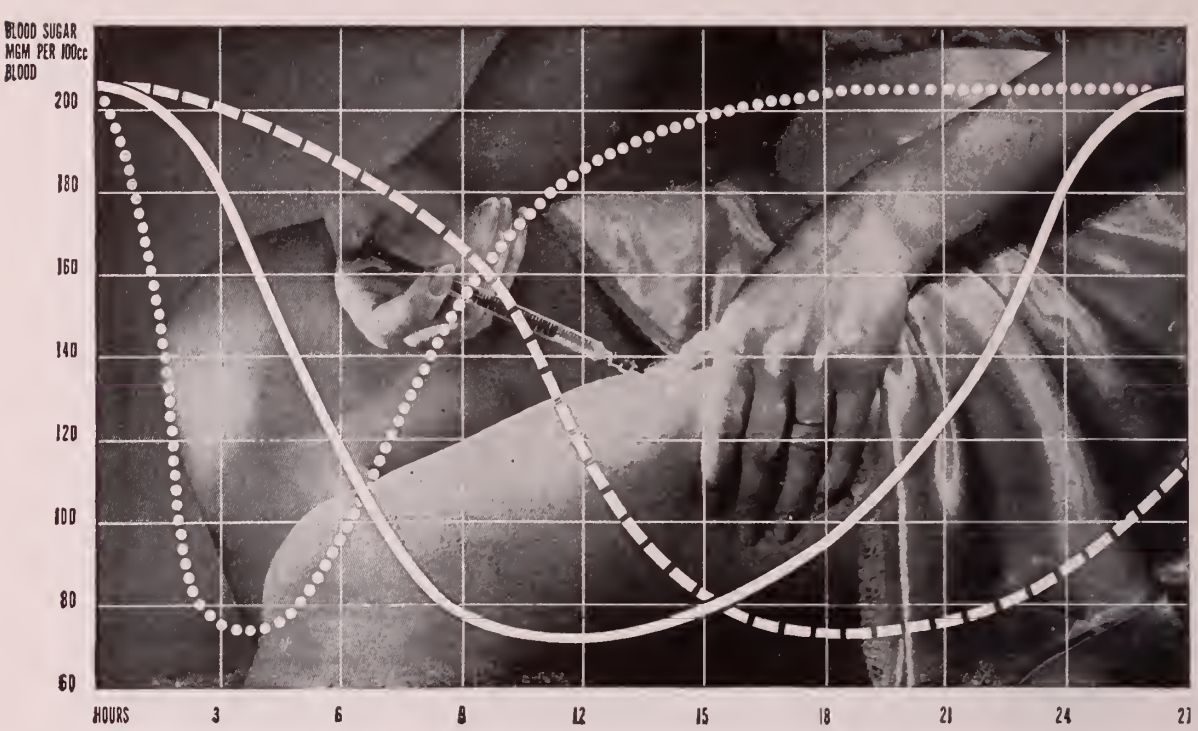


Tablets Penicillin Calcium Squibb are individually and hermetically sealed in aluminum foil to protect against penicillin-destroying moisture. As a result, the physician can prescribe the precise number of tablets needed without fear of potency deterioration. Each tablet contains 0.5 gm. trisodium citrate to buffer destructive gastric juices.

Tablets Penicillin Calcium Squibb provide 20,000 units, making oral therapy feasible for many conditions which heretofore could be treated only by repeated parenteral injections.

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Today, there are 3 types of insulin...

THE PHYSICIAN now has a new intermediate-acting type of insulin with which to treat his diabetic patients—'Wellcome' Globin Insulin with Zinc. Originally there was only quick-acting, short-lived insulin. Then came a slow-acting, long-lived form. And now with Globin Insulin he has a moderately rapid-acting agent which persists for sixteen hours or more, enough to cover the period of maximum carbohydrate intake. This activity is sufficiently diminished by night to minimize nocturnal reactions. Physicians will do well to consider the advantages of this new third insulin for their diabetic patients.

'Wellcome' Globin Insulin with Zinc is a clear solution, comparable to regular insulin in its freedom from allergenic properties.

Accepted by the Council on Pharmacy and Chemistry, American Medical Association. Developed in the Wellcome Research Laboratories, Tuckahoe, New York. U.S. Patent No. 2,161,198. Available in vials of 10 cc., 80 units in 1 cc., and vials of 10 cc., 40 units in 1 cc. Literature on request. 'Wellcome' trademark registered.

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McKinnon, president; Dr. R. L. Miller, vice president, and Dr. C. A. Adams, Jr., secretary-treasurer.

LEON-GADSDEN-LIBERTY-WAKULLA-JEFFERSON

The regular quarterly meeting of this society was held at the Florida State Hospital, Chattahoochee, January 18. Two papers comprised the scientific program: "Biliary Fistula," by Dr. J. T. Benbow, and "Disciplinary and Nondisciplinary Cases Seen in a Neuropsychiatric Section of the Station Hospital in the Field of Operations," by Dr. J. B. O'Connor. Drs. C. D. Whitaker and Francis M. Watson of Marianna were guests at this meeting.

MANATEE

The Manatee County Medical Society has paid 100% of its dues for 1946. Dr. W. E. Wentzel is president of the society and Dr. William D. Sugg is secretary-treasurer.

PASCO-HERNANDO-CITRUS

Dr. W. B. Moon of Crystal River was host to the members of this society on the evening of February 14. Dinner was served at Magnolia Lodge, after which a scientific session was held. Dr. W. Wardlaw Jones invited the society to meet at Dade City in March. Present at this meeting were Drs. G. R. Creekmore and S. C. Harvard of Brooksville; Dr. W. B. Moon, Crystal River; Dr. W. Wardlaw Jones, Dade City; and Drs. Claude L. Carter and J. W. Kirkpatrick of Inverness.

PINELLAS

The Pinellas County Medical Society held its regular monthly dinner meeting at the Essex House on February 6. Dr. Annette M. Feaster, president, presided at the business meeting, but turned the gavel over to Dr. J. B. Quicksall, chairman of the scientific program and entertainment committee, for the scientific session. Dr. Quicksall called on Dr. R. D. Hollowell and Mrs. Martha Stetson who spoke on the work of the Board of Health. Dr. R. J. Needles, who had served on a board to study prisoners returned from the Pacific theatre, discussed "Observations Regarding Liberated Prisoners of War."

On the evening of February 15 the society held a round table assembly at the home of Dr. John B. Matthews. The subject discussed was "Treatment of Burns." Dr. Matthews served as moderator.

Have You Patients WITH ANY OF THESE 25 CONDITIONS?



Spencer Abdominal Supporting Belt designed especially for this man. Grips pelvis firmly; effectively coordinates abdominal and back support.

Each Spencer Support is individually designed, cut and made *after* a description of the patient's body and posture has been recorded—and many measurements have been taken. This assures the doctor that the support will be correct from standpoint of body mechanics; that it will fit exactly, be perfectly comfortable.

For a dealer in Spencer Supports look in telephone book for "Spencer corsetiere" or "Spencer Support Shop," or write direct to us.

Visceroptosis or Nephroptosis with Symptoms
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THE TECHNICAL EXHIBIT

The firms hereinafter listed will contribute materially to the success of the convention. Make it a point to visit each booth some time during the annual meeting.

BARD-PARKER COMPANY - 33

The following items will be exhibited in booth No. 33: Bard-Parker Rib-Back blades; Surgical knife handles; Long knife handles for deep surgery; Instrument containers; Transfer Forceps; Hematological cases for obtaining bedside blood samples.

BILHUBER-KNOLL CORP - 12

We again welcome your visits and discussions of our "Council-Accepted" medicinal chemicals, such as Dilaudid —analgesic and cough sedative; Theocalcin—myocardial stimulant and diuretic; Metrazol—analeptic in circulatory and respiratory failure, restorative in infantile asphyxia. Mr. A. P. Laseter will be glad to give you the latest information on these and our other every-day prescription chemicals. All are in convenient forms for your individual prescriptions.

THE BORDEN COMPANY - 44

Spend a few minutes with Borden at Booth No. 44—refresh your memory on our Prescription Products! Meet the new concentrated Biolac; New Improved Dryco with its formula flexibility; Mull-Soy for your milk allergic patients; powdered whole milk Klim; the improved milk sugar Beta Lactose; and the Merrell-Soule Protein and Lactic Acid Milks. Borden men are pleasant men!

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The SoundScriber System handles your diction quicker, easier and at lower cost. This new completely electronic recording reproduces your voice faithfully, resulting in your having many different type uses for this most efficient equipment. Case histories, x-ray room recordings, medical conferences, two-way telephone recording are only a few of its many uses. Your secretary will appreciate the clarity and ease of operation of the transcriber.

CAMEL CIGARETTES - 27

Camel Cigarettes will exhibit a large photograph showing the calculated absorption of nicotine from cigarette smoke in the human respiratory tract. Representatives will be on hand to discuss any phase of the physiological effects of smoking.

CIBA PHARMACEUTICAL PRODUCTS - 40

Ciba cordially invites you to visit its display at booth No. 40. Our representative will be glad to discuss with you any of the Ciba specialties, including: Privine, a potent and prolonged acting nasal vasoconstrictor; Nupercaine, a spinal anesthetic; Digifolin, a purified preparation of digitalis; and Vioform in treating trichomones.

THE COCA-COLA COMPANY - 52

Coca-Cola will be served members and their guests with the compliments of the Coca-Cola Company.

THE EDIPHONE COMPANY - 36

An Ediphone at your desk enables you to gain valuable time. You have an ever-present, modern medium for getting immediate action on your thoughts and written communications. Dictate Case Histories without delay. Think once—write once—at once. The time your secretary formerly spent taking dictation can be devoted to other important duties. Your office is not complete without Voicewriting equipment.

C. B. FLEET COMPANY - 39

Phospho-Soda (Fleet) is a highly concentrated and purified aqueous solution of sodium phosphates. It is nontoxic, rapid but mild in action without irritation of the gastric or intestinal mucosa. Indicated for hepatic dysfunction, and for its thorough eliminating and cleansing action on the upper and lower gut.

Which will fit your needs better, **DOCTOR?**



Castle "95"



Castle "C-416"

Will you follow the example of leading practitioners and specify the large storage space, the sanitary foot lift and free top space of a Castle modernized cabinet instrument sterilizer, or will restrictions demand the stripped-down portable model?

The first gives your new office a "lift". Both are practical and have the same "Full-Automatic" sterilizing safety . . . the same life-time CAST-IN-BRONZE boiler . . . the same rugged dependability.

We suggest that you get full information now . . . while prices are still low. Don't delay. Write to:

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THE effectiveness of Mercurochrome has been demonstrated by more than twenty years of extensive clinical use. For professional convenience Mercurochrome is supplied in four forms—Aqueous Solution in Applicator Bottles for the treatment of minor wounds, Surgical Solution for preoperative skin disinfection, Tablets and Powder from which solutions of any desired concentration may readily be prepared.

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H. J. HEINZ COMPANY - 47

H. J. Heinz Company is displaying and sampling their glass containers of Strained Foods for infants and Junior Foods especially designed for intermediate feeding. Their representatives would appreciate your recommendations regarding these foods. Register for: The Nutritive Value of Vegetables, 11th edition Nutritional Charts, Nutritional Observatory, Special Dietary Foods Book, and Your Baby's Diary and Calendar.

KELEKET X-RAY COMPANY - 42

The Keleket X-Ray Company of Florida invites all their friends and members of the Florida Medical Association to visit with us at booth No. 42. Our boys will be glad to demonstrate without obligation our new Keleket Portable Mobile X-Ray Unit, a Cambridge Simpli-Trol Electrocardiograph, Liebel-Flarsheim Dual Wave Short Wave Unit and Lindquist Chronowave Sinewave Unit. D. R. Bowen, Jacksonville; D. H. Sample, Tampa; H. B. Heether, Miami.

ELI LILLY COMPANY - 20

The Lilly exhibit will feature an interesting demonstration in miniature on penicillin culture. Many Lilly products will be on display, and attending Lilly medical service representatives will be present to assist visiting physicians in every possible way.

J. B. LIPPINCOTT COMPANY - 37

Presenting a complete list of Lippincott Selected Professional Books, including Lull-Hingson, "Control of Pain in Childbirth," new second edition. New books of significant interest, Bancroft-Murray, "Surgical Treatment of the Motor Skeletal System;" Thomas and Haddan, "Amputation Prosthesis;" Groff and Houtz, "Manual of Diagnosis and Management of Peripheral Nerve Injuries." Advance information on many other new books in active preparation.

MAICO COMPANY, INC. - 24

The Maico Company, Incorporated, well known manufacturers of hearing aids and electronic testing devices, has developed an electronic stethoscope, trade named the "Stethetron," which is winning wide medical acceptance.

J. A. MAJORS COMPANY - 48

W. B. Saunders Company, represented in the South by J. A. Majors Company, will occupy booth No. 48. This publishing house will exhibit its complete line of books. Some of the new works are Bockus' Gastroenterology, three volumes, now complete; Mitchell & Nelson's Pediatrics; Jackson & Jackson's Ear, Nose & Throat; Jones & Shepard's Surgical Anatomy.

THE MALTINE COMPANY - 5

The Maltine Company, of New York, is exhibiting the old as well as the new. Such fine products as Maltine with Cod Liver Oil, Malto-Yerbine and Neoferrum have enjoyed favorable recognition for many years. They have been joined by Tedral, Proloid, Depancol and other developments of the Maltine Company's research laboratories. A cordial invitation is extended to you to visit booth No. 5 where descriptive literature and samples will be available.

MERRELL
Since 1828

WM. S. MERRELL COMPANY - 41

The Merrell exhibit will feature the new Hexestrofen Tablets, combining the true estrogen Hexestrol with phenobarbital, for more complete treatment of the menopausal syndrome. Other distinctive Merrell specialities shown will include Infra-Concemin, the vitamin B complex-iron supplement for infants and children, and Sulfa-Ceepryn Cream, a more effective treatment for impetigo and other dermatological affections.

M & R DIETETIC LABORATORIES - 28

Similac, a completely modified, powdered food for infants, deprived either partially or entirely of breast milk, will be displayed by M & R Dietetic Laboratories, Inc., Columbus, Ohio. Mr. E. E. Rader will appreciate the opportunity to discuss the merit of Similac for both the normal and special feeding cases.

PARKE, DAVIS & COMPANY - 6

Representatives of Parke, Davis & Co., well informed concerning progress in Pharmaceutical Research, and desirous of presenting new advancements to you, will be in attendance at our Technical Exhibit to discuss the nature and development of new and present products. Displayed will be such outstanding products as Theelin, Mapharsen, and Adrenalin Preparations. The latest type of Biological Products will be on display, including our exclusive Despeciated Antitoxins. Also, Penicillin and other therapeutic agents of antibiotic, biological, and chemotherapeutic interest will be shown. We sincerely invite your visit to this exhibit.

PET MILK SALES CORPORATION - 14

A complete display of material illustrating the time-saving Pet Milk services available to physicians. Specially trained representatives will be in attendance to give you information about the production of Pet Milk and its use for infant feeding. Miniature cans will be given to physicians visiting the exhibit.

PHILIP MORRIS & COMPANY - 9

Philip Morris & Company will demonstrate the method by which it was found that Philip Morris Cigarettes, in which diethylene glycol is used as the hygroscopic agent, are less irritating than other cigarettes. Their representative will be happy to discuss researches on this subject, and problems on the physiological effects of smoking.

RIEDEL-DE HAEN, INC. - 3

The Riedel-de Haen exhibit in booth No. 3 will display Decholin, the original hydrocholeretic; Degalol, a choleretic; Cholmodin, a laxative agent; and Sigmodal, an analgesic used in obstetrical analgesia. Physicians are cordially invited to discuss with our representatives the wide therapeutic application of these chemically pure bile acid products.

SCHENLEY LABORATORIES, INC. - 10

The Schenley Laboratories exhibit is devoted entirely to penicillin. A series of transilluminated Kodachromes shows the magnitude of this company's manufacturing laboratories and the care taken in testing the product to maintain sterility, potency, and freedom from pyrogens. A well-informed attendant will gladly discuss any phase of penicillin therapy and developments with interested physicians.

SCHERING CORPORATION - 34

Endocrine, Chemotherapeutic and Diagnostic Agents. Presented are the purest and most potent hormones available, products which have set the standard in modern endocrine therapeutics. Selected specific chemotherapeutic agents and the products which are effective as diagnostic roentgenographic and cholecystographic substances are displayed. The results of major scientific research and based upon objective clinical observations, products of Schering Corporation, Bloomfield, New Jersey, are displayed together with charts and graphic material designed to assist the practicing physician.

G. D. SEARLE & COMPANY - 22

You are cordially invited to visit the Searle booth where representatives will be happy to answer questions pertaining to Searle Products of Research. Featured will be Searle Aminophyllin, Metamucil, Ketochol, Floraquin, Diodoquin, Pavatrine, Tethrathione, and Gonadophysin.

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SHARP & DOHME, INC. - 21

Sharp and Dohme will have their display at booth No. 21, featuring Tyrothricin Concentrate for human use, "Lyovac" Normal Human Plasma, "Sulfasuxidine," and "Caligesic" Ointment, greaseless anesthetic and analgesic ointment which possesses definite antipruritic action. A cordial welcome awaits all visitors.

SOUTHEASTERN OPTICAL CO. - 2

The Southeastern Optical Company is proud of its affiliation with the Bausch & Lomb organization who has continued to lead the entire ophthalmic industry in official recognition of production achievement. Today it flies one of America's few five-star Army-Navy Flags—a significant tribute to a job well done.

SPENCER, INCORPORATED - 1

You are cordially invited to visit our exhibit, featuring Spencer Individually Designed Supports for abdomen, back, and breasts. These supports for patients who have undergone mastectomy will be particularly interesting. The Spencer Spinal Support for patients following cast removal or, as an aid to treatment of protruding disc, and other back derangements is also of especial interest. Supports for patients with hernia, visceroptosis with symptoms, postoperative needs, obesity, antepartum and postpartum needs are also on display.

E. R. SQUIBB & SONS - 23

A technical exhibit intended to further the conservation and more effective use of Penicillin.

SURGICAL SUPPLY COMPANY - 17

We expect to display two of the latest models Mattern X-Rays. This is a new line being introduced in Florida by our Company and is already well-known to Army and Navy men. Also, an assortment of Stille Instruments, Small Sterilizers, Royalchrome Furniture and an assortment of smaller items of interest to doctors will be exhibited. All doctors are cordially invited to visit booths 17 and 18.

WALKER VITAMIN PRODUCTS, INC. - 16

You will find all of the latest developments in vitamin therapy at our booth. Special attention is directed to the USP Hexavitamin Capsules—official multivitamin product. This new product provides much more than the adult daily minimum requirement of all vitamins in a dosage of two capsules per day. High potency tablets of Thiamine, Ascorbic Acid, Niacin, Niacinamide and Riboflavin will be displayed along with the popular concentrated Oleo A-D Drops; also oral Solution Thiamine and the Vitamin A Capsules. Qualified representatives will be prepared to supply the latest information pertaining to specific vitamin therapy.

OPTICAL SERVICE OF FLORIDA - 49

In booth No. 49 in the exhibit hall Mr. Ehrmantraut and Mr. H. G. Lynam will be happy to try to answer any of your optical problems. Avail yourself of the opportunity to see samples of new Bi-centric Lenses that convert those Anisometropic cases into happy patients, particularly for your Aphakic Eye cases.

WHITE LABORATORIES - 4

White Laboratories will present ethically promoted pharmaceutical specialties for your consideration and discussion. White's Cod Liver Oil Concentrate Products will be on display. This Company pioneered in vitamin research and the same progressive scientific spirit has been maintained in the manufacture of all White's products. Your visit to White's exhibit will meet a cordial welcome. Qualified representatives will be in attendance.

WOMAN'S AUXILIARY

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PALM BEACH COUNTY

At the February meeting of the Palm Beach County Auxiliary, held at the Villas, Palm Beach, Mrs. Gaylord Lewis, president, appointed Mrs. Lloyd J. Netto, Mrs. James L. Carlisle and Mrs. Mark M. Byrd to serve on the nominating committee.

Plans were made for a garden party at the home of Mrs. Grady Brantley, Lake Worth, in May with Mrs. Brantley and Mrs. K. E. Montgomery in charge of arrangements.

It was announced that Auxiliary members obtained $60 for Tuberculosis Christmas Seals at its booth at the First National Bank.

Mrs. George Dawson and Mrs. Thomas E. Daly, who were away while their husbands were in the service, were welcomed back into the Auxiliary.

Attending the meeting were Mrs. Lewis, Mrs. W. C. Williams, Mrs. Mark M. Byrd, Mrs. Kenneth Montgomery, Mrs. William H. Gardner, Mrs. Lloyd J. Netto, Mrs. William Y. Sayad, Mrs. Edgar W. Stephens, Mrs. O. L. Kelley, Mrs. J. M. Johnson, Mrs. V. D. Stone, Mrs. Dawson, Mrs. Joseph Bernstein, Mrs. L. A. Peek, Mrs. S. D. Rotter, Mrs. Grady H. Brantley, Mrs. W. G. Lewis, Mrs. James L. Carlisle, Mrs. Daly, members; Mrs. Ralph M. Overstreet, Jr., Mrs. A. Scott Turk and Mrs. Clyde Groner, guests.

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One Week Surgery Colon and Rectum starting April 29, June 10.
One Week Course Thoracic Surgery starting April 22, May 13.

GYNECOLOGY—Two Weeks Intensive Course starting May 20, June 17.
One Week Personal Course in Vaginal Approach to Pelvic Surgery starting May 13, June 10.

OBSTETRICS—Two Weeks Intensive Course starting May 6 and June 3.

MEDICINE—Two Weeks Intensive Course starting May 13.

ELECTROCARDIOGRAPY & HEART DISEASE—Two Weeks Intensive Course starting August 5.

GASTROSCOPY & GASTROENTEROLOGY—Two Weeks Personal Course June 3.

DERMATOLOGY & SYPHILOLOGY—Two Weeks Course starting May 20.

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	SOCIETY	PRESIDENT	SECRETARY	MEETING DATE	MEMBERS Total	MEMBERS Paid	COUNCILOR
A	Bay	Amsie H. Lisenby, M.D. Box 961 Panama City	Martle F. Parker, M.D. Panama City		12	10	
	Escambia *Santa Rosa	Carol C. Webb, M.D. 24 W. Chase St. Pensacola	Lee Sharp, M.D. 24 W. Chase St. Pensacola	2nd Tuesday 8:00 P.M.	49	20	A-1-46 C. D. Whitaker, M.D. Marianna
	Franklin-Gulf	T. Meriwether, M.D. Wewahitchka	J. R. Norton, M.D. Port St. Joe	3rd Tuesday Odd Months	6	100%	
	Jackson *Calhoun	D. A. McKinnon, M.D. Marianna	C. A. Adams, Jr., M.D. Marianna	2nd Tuesday 7:30 P.M.	15	100%	
	Walton-Okaloosa	E. L. Huggins, M.D. DeFuniak Springs	A. G. Williams, M.D. Lakewood	3rd Thursday 8:00 P.M.	6	100%	
	Washington-Holmes	N. J. Dawkins, M.D. Vernon	B. W. Dalton, M.D. Vernon		5		
	Columbia *Baker, Hamilton	James F. Pitman, M.D. Blanche Hotel Annex Lake City	Thomas H. Bates, M.D. Blanche Hotel Annex Lake City	1st Monday 7:30 P.M.	14	9	A-2-47 G. Wilmont Brown, M.D. Tallahassee
	Leon-Gadsden-Liberty-Wakulla-Jefferson	John L. Williams, M.D. Tallahassee	G. H. Garmany, M.D. Midyette-Moor Bldg. Tallahassee	Quarterly 8:00 P.M.	37	31	
	Madison-Suwannee	Eustace Long, M.D. Madison	E. D. Thorpe, M.D. Madison		9	100%	
	Taylor *Dixie, Lafayette	W. J. Baker, M.D. Foley	C. A. O'Quinn, M.D. Perry	Last Friday 8:00 P.M.	4	100%	
B	Alachua *Bradford, Gilchrist, Union	Chester F. Ahmann, M.D. 1043 W. Masonic Gainesville	Stuart D. Scott, M.D. Gainesville	2nd Wednesday 7:30 P.M.	28	19	B-3-46 L. Y. Dyrenforth, M.D. Jacksonville
	Duval *Clay	F. L. Fort, M.D. 201 Medical Arts Bldg. Jacksonville 4	Leo M. Wachtel, M.D. 352 St. James Bldg. Jackonville 2	1st Tuesday 8:15 P.M.	206	184	
	Marion *Levy	Thomas H. Wallis, M.D. 104 S. Magnolia St. Ocala	B. F. Drake, M.D. Professional Bldg. Ocala	3rd Wednesday 12:30 P.M.	26	25	
	Nassau	D. G. Humphreys, M.D. Fernandina	John W. McClane, M.D. Fernandina	2nd Wednesday 8:00 P.M.	6		
	Putnam	E. W. Ford, M.D. Crescent City	B. E. Kane, M.D. Crescent City	2nd Tuesday Even Months 7:00 P.M.	9	7	
	St. Johns	H. E. White, M.D. Box 606 St. Augustine	S. R. Cafaro, M.D. St. Augustine	3rd Tuesday 8:30 P.M.	13	12	
	Brevard	A. F. Thomas, M.D. 416 Brevard Ave. Cocoa	I. K. Hicks, M.D. Melbourne	3rd Wednesday	12	100%	B-4-47 C. McK. Tyre, M.D. Eustis
	Lake *Sumter	Leroy H. Oetjen, M.D. Leesburg	Matthew Arnow, M.D. Eustis	1st Thursday 12:30 P.M.	15	14	
	Orange *Osceola	Louis M. Orr, M.D. 311 Exchange Bldg. Orlando	Albert C. Kirk, M.D. 823 E. Colonial Dr. Orlando	3rd Wednesday 8:00 P.M.	102	97	
	Seminole	James A. Smith, M.D. 112 W. 20th St. Sanford	Frank L. Quidman, M.D. Sanford	2nd Tuesday 5:30 P.M.	13	12	
	Volusia *Flagler	Geo. M. Green, M.D. Medical Bldg. Daytona Beach	R. L. Miller, M.D. 258½ S. Beach St. Daytona Beach	2nd Tuesday 7:30 P.M.	46	35	
C	Hillsborough	C. W. Bartlett, M.D. 310 1st Natl. Bk. Bldg. Tampa 2	H. G. Cole, M.D. 520 Citizens Bldg. Tampa 2	1st Tuesday 8:00 P.M.	116	110	C-5-47 W. Wardlaw Jones, M.D. Dade City
	Manatee	Willett E. Wentzel, M.D Professional Bldg. Bradenton	William D. Sugg, M.D. Bradenton Bk. Bldg. Bradenton	3rd Tuesday 7:00 P.M.	12	100%	
	Pasco-Hernando-Citrus	W. H. Walters, M.D. Lacoochee	G. R. Creekmore, M.D. Brooksville	2nd Thursday 7:00 P.M.	12	10	
	Pinellas	A. M. Feaster, M.D. 166 4th Ave., N.E. St. Petersburg 4	W. C. McConnell, M.D. 313 First Federal Bldg. St. Petersburg 4	1st and 3rd Fridays 6:30 P.M.	113	110	
	Sarasota	Frank L. Hall, M.D. 252 Arlington Ave. Sarasota	J. M. Butcher, M.D. 209 Commercial Court Sarasota	2nd Tuesday 8:30 P.M.	21	7	
	DeSoto-Hardee-Highlands-Charlotte-Glades	L. W. Martin, M.D. Sebring	Gordon H. McSwain, M.D. Arcadia		21	100%	C-6-46 Edgar Watson, M.D. Lakeland
	Lee *Collier, Hendry	A. L. Girardin, M.D. 212 Richards Bldg. Fort Myers	C. G. Merrick, M.D. 26 Leon Bldg. Fort Myers	3rd Tuesday 7:30 P.M.	20	17	
	Polk	Benjamin J. Bond, M.D. Winter Haven	Edgar Watson, M.D. Box 1021 Lakeland	2nd Wednesday 1:00 P.M.	64	54	
D	Palm Beach	Guy W. Heath, M.D. 409 Harvey Bldg. W. Palm Beach	William H. Weems, M.D 410 Citizens Bldg. W. Palm Beach	4th Monday 8:00 P.M.	69	59	D-7-46 William Y. Sayad, M.D. West Palm Beach
	St. Lucie-Okeechobee-Indian River-Martin	L. L. Whiddon, M.D. 139 N. 4th St. Ft. Pierce	Adrian M. Sample, M.D. Box 176 Ft. Pierce	3rd Thursday 8:00 P.M.	16	14	
	Broward	Francis D. Pierce, M.D. 406 Blount Bldg. Ft. Lauderdale	F. Leslie Snyder, M.D. 315 Sweet Bldg. Ft. Lauderdale	4th Tuesday 8:00 P.M.	49	47	D-8-47 E. M. Hendricks, M.D. Ft. Lauderdale
	Dade	J. W. Snyder, M.D. 402 Huntington Bldg. Miami 32	George C. Austin, M.D. 140 N. W. 59th St. Miami 38	1st Tuesday 8:30 P.M.	363	112	
	Monroe	James B. Parramore, M.D 523 Whitehead St. Key West	A. H. Hamilton, M.D. 611 Fleming St. Key West	2nd Thursday 8:00 P.M.	7	4	

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The JOURNAL of the Florida Medical Association, Inc.

Vol. XXXII MAY, 1946 No. 11

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MAY 21 1946
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Webster Merritt

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An Editorial

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$ 2,800,000.00 INVESTED ASSETS
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1. Virginia M. Monthly 72:240 (June) 1945.

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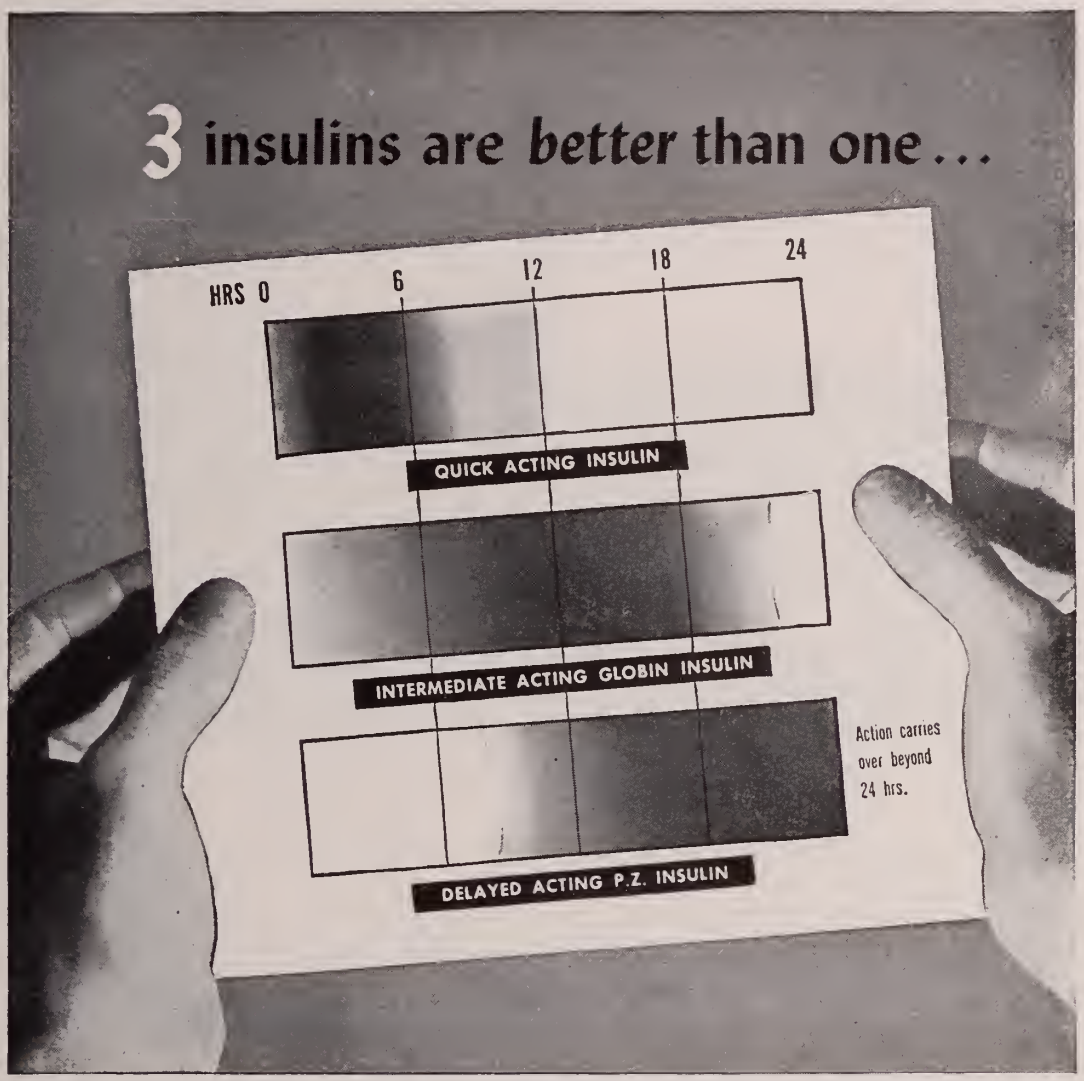


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*Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154
Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60
Proc. Soc. Exp. Biol. and Med., 1934, 32, 241
N. Y. State Journ. Med., Vol. 35, 6-1-35, No. 11, 590-592.

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1. Heller, C. G., and Myers, G. B.: J.A.M.A. 126:472, 1944.

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1 *Stare, F. J., and Thorn, G. W.: Protein Nutrition in Problems of Medical Interest, J.A.M.A. 127:1120 (April 28) 1945.*

2 *Stare, F. J., and Davidson, C. S.: Protein: Its Role in Human Nutrition; Introduction, J.A.M.A. 127:985 (April 14) 1945.*

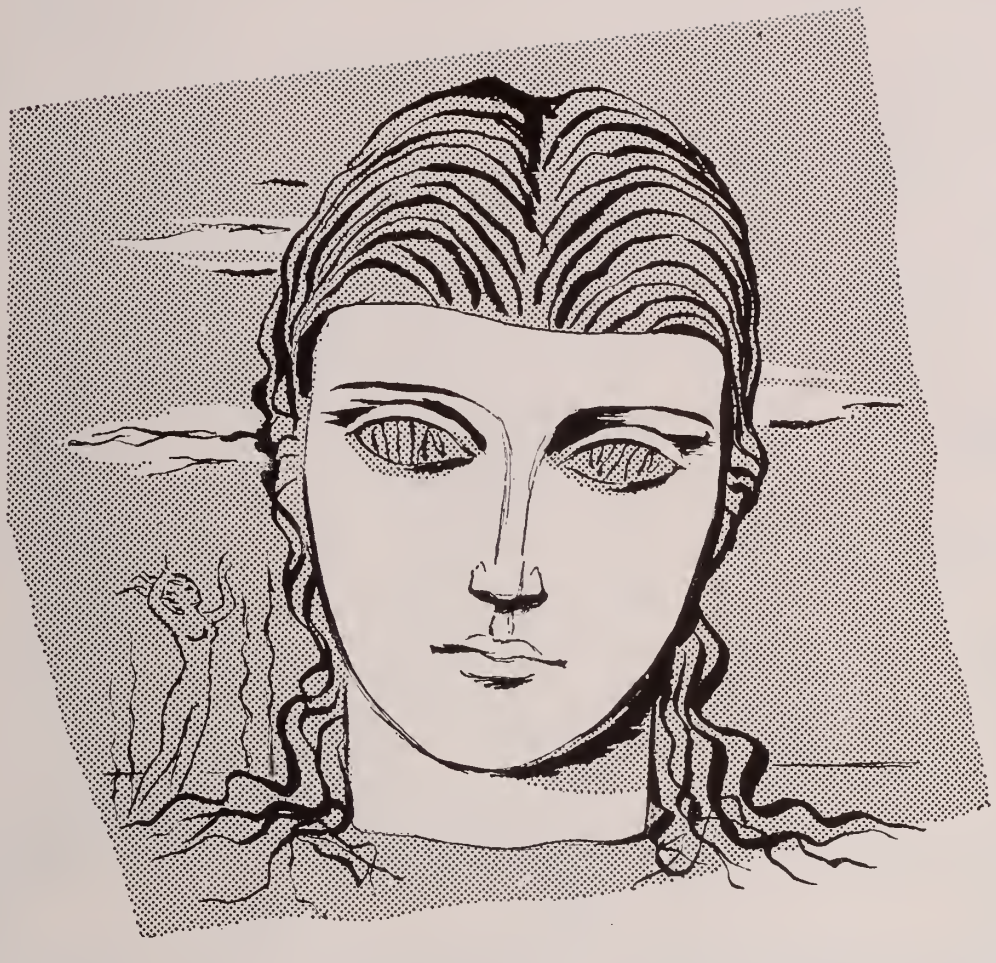
3 *Anderson, G. K.: The Importance of Protein in Diet Therapy, J.Am.Dietet.A. 21:436 (July-August) 1945.*

The Seal of Acceptance denotes that the nutritional statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

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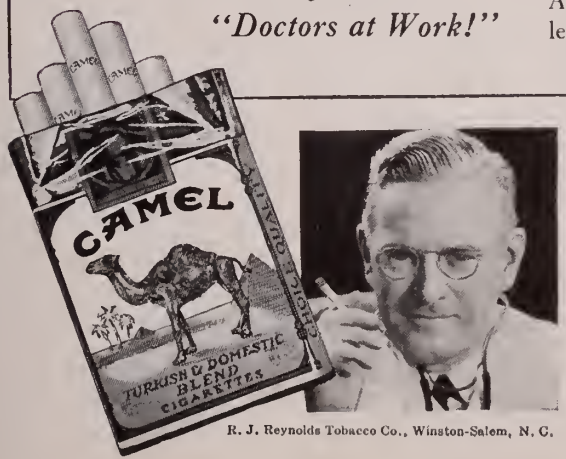


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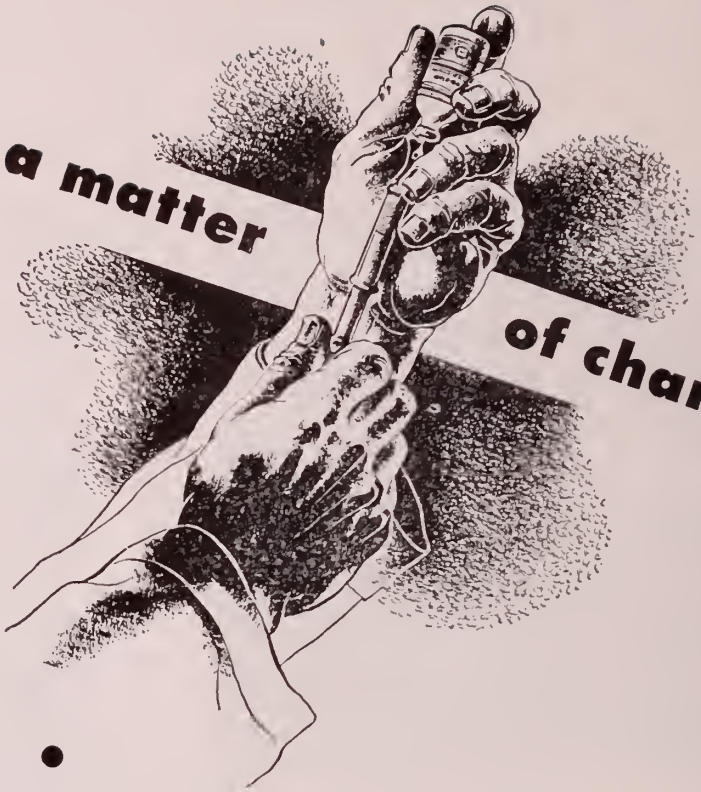


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THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION
PUBLISHED MONTHLY

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IS THE VENEREAL DISEASE CONTROL PROGRAM IN DANGER?

R. F. SONDAG, M.D.
JACKSONVILLE

During the long years of war many radical changes in therapy in the control of venereal diseases have taken place and are still continuing. The intensive forms of therapy used for syphilis have received considerable publicity, but due to the added risk, such treatment schedules have been more or less limited to certain investigative groups in research institutions, hospitals and rapid treatment centers, whereas physicians in private practice have in most instances resorted to the standard fifty-two week schedule, which carries a greater margin of safety.

In the past, particularly during the war years, the treatment of venereal diseases has all too often been left entirely to the public health clinic and the rapid treatment centers for various reasons: (1) the shortage of physicians; (2) the desire of many physicians in private practice to exclude venereal diseases from their practice, or conversely the lack of desire to treat such cases; (3) the compulsion of practice in more lucrative branches of medicine and surgery; (4) the radical changes in therapy; and (5) the element of risk with the intensive treatment schedules.

The introduction of penicillin has not only brought about a complete change in the chemotherapeutic attack on venereal diseases, but because of the general nontoxic character of the drug and its release for general usage, it has motivated many physicians in private practice to become increasingly alert about the new therapies that have been developed. Due to the tremendous venereal disease problem in Florida, the State Board of Health has consistently realized that only through active participation of the physicians in private practice can control of the venereal diseases be accomplished. These physicians can and must play an important part in the field of preventive medicine and public health. The State Health Department has therefore made every effort to keep them informed about the new therapies and has offered many new services to the physicians of the state, thereby assisting them to assume their rightful role in the control of these diseases. During April of this year, physicians and clinics were advised about the four hour treatment schedule of gonorrhea, and penicillin was made available free of charge for that purpose. For the first time in statistical history in Florida, the reported cases of gonorrhea have exceeded the reported cases of syphilis. The prompt response of the gonococcus to penicillin, the ease with which the drug can be administered in the office of physicians in private practice, and the increased number of patients with gonorrhea reporting to these physicians should reduce to some extent the case load of public health clinics.

The development of an effective method of treating syphilis which will permit the administration of penicillin on an ambulatory basis will enable the physician in private practice to assume with greater ease a more responsible role in the control of this insidious disease. One barrier to effective control of syphilis has been the difficulty in holding patients to sufficient treatment, not only to insure their own future health, but to protect the health of their possible contacts. Another obstacle has been the refusal of a certain class of patients to report to a distant hospital or rapid treatment center where intensive therapy is given. From statistics thus far presented one can be assured that at least 90 per cent of the patients admitted to inpatient care for syphilis will finish the prescribed course, but not all patients are willing to report to a rapid treatment center; therefore, the development of an effective ambulatory method would make it possible to bring under control many syphilitic infections which are not receiving adequate treatment in the physician's office or in a public health clinic. Since syphilis is a disease characterized by chronicity with long periods of latency and a distinct tendency to clinical and serologic recurrence, the same inherent factors prevailing in standard therapy will also prevail with the development and general adoption of an ambulatory penicillin treatment schedule, namely, the uncooperative patient, the tendency to give subcurative doses of penicillin, the lack of follow-up activities and the eventual relapse of the infection.

With the cessation of war, the shift in responsibility from military to civilian agencies including

Director, Bureau of Preventable Diseases, Florida State Board of Health.

Read before the Polk County Medical Society, Nov. 14, 1945, at Winter Haven.

physicians in private practice and the advent of penicillin intensive therapy, one can foresee danger ahead in the control of syphilis unless physicians and public health officials are prepared to cope with the problem on accepted public health practices and sound therapeutic principles.

In 1918 a general relaxing of measures to curtail venereal diseases followed the Armistice, and the rate of infection reached epidemic proportions. This history must not be allowed to repeat itself. A similar upswing is already beginning. Lt. Col. Thomas H. Sternberg and Major Ernest B. Howard reported in Social Hygiene News for September 1945 that since V-E Day there has been a sharp rise in rates in the European Theater of Operations, and likewise in the Pacific a great increase in the rate occurred as the fighting in the Philippines diminished and there was more opportunity for exposure.[1] Now that all hostilities have ceased, it is believed that the Army rate in the United States will show a similar rise. The anticipated increase in the Continental Army rate forecasts the extent of the venereal disease control problem to be faced by civilian agencies and physicians in private practice in the immediate future. During the war, the Army had control of over eight million soldiers and carried out a comprehensive venereal disease control program. In the next twelve to eighteen months, over five million of these soldiers, all in the age groups with the highest expected incidence of venereal disease, will be discharged to civilian life. The Army has taken steps to assure that the number of men discharged with infectious venereal diseases will be held to a minimum. Civilian agencies and physicians in private practice must accept the responsibility of this increased burden by providing substitute venereal disease control procedures of at least comparable intensiveness. Failure to do so will almost surely result in increased civilian rates. During the war, great gains have been made. These gains must be extended, not lost.

There is the warning from two well informed men of the armed forces. Syphilis is on the increase; the red flag is unfurled. There is danger ahead! "But I see an incredulous look on some faces and I hear the whispered comment—'tis heard often enough! 'Where is all this syphilis? It does not come my way'. Yes, it does. The syphilis we see, but do not recognize everywhere awaits diagnosis, so protean are its manifestations." That warning by Sir William Osler to the Medical Society of London, like any unlearned lesson, bears repeating.

Equally as important as the challenge presented by members of the armed forces are the correct diagnosis and treatment of syphilis on sound therapeutic principles. With the advent of intensive arsenotherapy, fever plus arsenotherapy, and then penicillin therapy alone or in combination with other antisyphilitic drugs, considerable interest has arisen in the number of relapses with the intensive treatment methods. Since the problem of reinfection, superinfection and relapse is assuming more practical importance with the use of intensive therapy, an editorial in the American Journal of Syphilis, Gonorrhea and Venereal Diseases, July 1945, on the subject and its applicability as a criterion of cure is not only timely but deserves emphasis at this time.[2] Cases acceptable as those of supposed reinfection under the Holley-Wassermann criteria, or even under more rigid standards, are from five to ten times as common as in previous years. Can these cases be differentiated from those of relapse, and if so, do they actually represent cure of the first infection?

In the light of present knowledge[3] a reexamination of the situation is justified:

(1) The first infection is proved by dark field or positive reaction to blood serologic tests. There is universal agreement on these criteria; however, it should be noted that the first infection need not be accompanied by primary or secondary syphilis, since secondary syphilis may develop in either sex without a previous discoverable chancre, or the original infection may have been entirely symptomless.

(2) The patient should have been treated for syphilis. On this point there are differences of opinion, but mutual agreement to the statement as it stands. Some insist that treatment shall have been adequate while others argue that adequate treatment can no longer be defined since supposed reinfections have occurred after a single dose of arsenic or as little as 60,000 units of penicillin.

(3) All physical evidence of the first infection of syphilis disappears after treatment, and the patient remains free of lesions of the disease in the interval between the first and the supposed second infection. This concept presents the argument as to whether cure is accomplished by the treponemicidal effect of the drug administered, or whether the treponemicidal effect is incomplete, the remaining organisms being eventually destroy-

ed by the body's own immune processes. The consensus is in favor of the former, namely, that cure is accomplished, it at all, by the drug itself during the actual period of treatment. It this be true, then it is not necessary that all lesions of the first infection shall have healed before the patient can be reinfected. The infection may have been cured before the tissue response which it provokes disappears.

(4) There must be a time interval of two years or more between the first and the supposed second infections. This criterion is no longer valid. A patient may present himself with a dark field positive chancre of one day's duration. He may at once be intensively treated with arsenic or penicillin for from five to ten days and cured, then expose himself to an infectious source on the day of completion of treatment and return with a second chancre, all within a theoretic time period of a single month.

(5) The reaction to the blood serologic test becomes or remains negative completely following treatment of the first infection. This criterion is likewise no longer valid. The reaction to the serologic test for syphilis in persons treated with intensive arsenotherapy or penicillin for seropositive primary or early secondary syphilis reverses to negative slowly (three to seven months) although the patient was presumably cured during the actual period of treatment. It is not known, either experimentally or clinically, whether immunity against reinoculation persists during seropositivity and disappears only when seronegativity is attained. Clinical experience indicates that reinoculation, in man at least, may be successful while the serologic test for syphilis still gives positive results.

(6) The spinal fluid must have been demonstrated to be normal at some time between the first and the supposed second infection, or at least at the time of the latter. This criterion too is no longer valid. Spinal fluid abnormalities, like blood serologic positivity, disappear slowly after treatment, and reinfection may be possible while they are still present.

(7) For the supposed second infection there must be a definite history of exposure to an infectious source, and the patient's statement in this respect must be confirmed by examination of the infectious contact. This desirable criterion is difficult to fulfil. The person named as the infectious source, if identified at all, may have had infectious lesions at the time of the alleged contact which may not be present when the supposed reinfected patient presents himself or when the contact is examined.

(8) The chancre of the supposed second infection shall be located at a different site from that of the original chancre. It was previously stated that the first infection need not be accompanied by clinical manifestations of either primary or secondary syphilis, and since secondary syphilis may develop in either sex without a previous discoverable chancre, it is possible that a patient, originally seen with secondary syphilis and no chancre, may appear with another attack of secondary syphilis and no chancre. If the original infection was symptomless, why not a symptomless second infection?

(9) There shall be no evidence of clinical activity at the site of the chancre. This requirement is no longer valid as lightning does sometimes strike twice in the same place.

(10) The chancre of the second infection shall be dark field positive. This requirement is obviated by the fact that many second infections are not accompanied by a discoverable chancre.

(11) The reaction to the blood serologic test shall be negative at the time of the supposed second infection. Evidence indicates that clinical relapse as opposed to supposed reinfection is usually preceded by serologic relapse. With this requirement one must depend on the fallibility of patients, but since many of them delay reporting for medical care, the serologic reaction will have become positive and one will never know whether or not the serologic test gave negative results at the time of the appearance of fresh lesions.

From the foregoing discussion one is left with little positive evidence on which to base a diagnosis of reinfection. As previously mentioned, this problem of reinfection and relapse is assuming greater importance, but the problem of itself need not concern the health officer or the physician in private practice. Whether the patient be reinfected, superinfected, or relapsed, he or she must be retreated; that is the important point to remember. In those cases in which the syphilitic infection is symptomless, the physician must secure an accurate history and carefully evaluate the evidence, or errors in diagnosis will result. Serologic relapse and seroresistance in late latent syphilis should in no way be confused with the relapses and reinfections of early syphilis, since they are

based on fundamentally different reasons. In early syphilis, treatment accomplishes simultaneous rapid destruction of the organisms and reversal of the results of the serologic tests as well as prevention of the development of immunity. In such a case, cessation or inadequacy of treatment before the destruction of the spirochetes is complete, may lead, because of the patient's lack of defense, to a serious clinical relapse. Under these conditions the serologic reaction becomes positive before or during the relapse because of the same mechanism which caused its original positivity and therefore indicates the need for further adequate treatment. In late latent syphilis, however, serologic relapse is not of the same importance, as it is improbable that a significant number of spirochetes remain, the majority of them having been destroyed by the patient's own defense mechanism, a mechanism which treatment now affects little if at all. On this basis serologic improvement in late latent syphilis simply means that treatment has altered the reaction to serologic tests, depressing the reagins in the blood to a point where routine laboratory tests give negative results, and it is of little significance in the prognosis of this type of syphilis. Seroresistance, therefore, in such cases, is probably a measure of depression of the reagins in the blood and not a true measure of the virulency of the organisms present.

Is the venereal disease control program in danger? Yes, it is unless physicians heed the warning now, are cognizant of the newer therapies, carefully evaluate every case of syphilis, trace all sources of early infectious syphilis, and finally, adequately treat all cases of early infectious syphilis, be they initial infections, relapses, or reinfections. Then the anticipated rise in syphilitic infections may be abated. To pursue any other course will allow the prognosticators to say "I told you so."

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P. O. Box 210

MEDICAL POSTGRADUATE COURSE
Jacksonville
June 17 to 22, 1946

A HISTORY OF MEDICINE IN DUVAL COUNTY

PART VIII

WEBSTER MERRITT, M. D.
JACKSONVILLE

The summer of 1877 was hot and sultry. An old citizen of Jacksonville wrote to a local paper that the weather was the most oppressive and debilitating he had ever experienced.[245] The summer and fall months were not only hotter than usual, but the rainfall for July, August and September was markedly below average.[246, 247] This so-called unfavorable weather may have been the reason why there was at first no unusual amount of serious sickness in Jacksonville despite the yellow fever epidemic in Fernandina. Because of the drought the mosquitoes had fewer places to breed.

Dr. R. P. Daniel, President of the Duval County Medical Society, reported that during the months of August and September he saw fewer patients with fever than he had seen during a similar period for many years.[248] But despite verbal and written declarations that there was no unusual amount of sickness in Jacksonville, rumors to the contrary persisted, and there was an air of muffled excitement in the town. There seemed to be an expectancy of impending trouble.

At a meeting of the Jacksonville Board of Health on September 10, President Eells read a communication from the Duval County Medical Society, and forthwith, in accord with suggestions from the society, the board passed the following resolution:

> It is hereby ordered, that . . . practitioners of medicine in this city . . . be required (under severe penalties) to call immediately in consultation, 2 or more members of The Duval County Medical Society, before announcing their individual opinion as to the character of [any suspicious case of fever.][249]

In mid-September, the Duval County Medical Society met again and adopted the following resolution:

> Resolved that the president of this society shall . . . attend at his office between the hours of 8 and 8:30 P.M. for the purpose of hearing reports . . . upon the subject of fever . . . the non appearance of any member shall be a positive assurance that such member has nothing to report for that day. And, the president shall . . . daily certify . . . to the President of the Board of Health the result . . .[250]

Accordingly, on September 18, the following report appeared in a local paper:

City Health Report

Jacksonville, September 17, 8:30 P.M.

Hon. T. S. Eells,
President Board of Health

Sir: Under recent resolution of Duval County Medical Society, that their President should . . . make a daily report to the public, through you, as to whether any of the members of this society have found in their practice, or have any knowledge of any case simulating yellow fever I would respectfully report none up to this date.

Your obedient servant
R. P. Daniel
President, Duval County Medical Society[250]

This report was repeated in substance and issued as a bulletin in a local paper nearly every day up to and including November 10.[251]

In October the weather became disagreeable. The men who were standing picket guard on the outposts of the town to quarantine against travelers from Fernandina, were subject to exposure. Dr. Kenworthy's suggestion that whiskey rations might be beneficial to the guards precipitated much discussion and brought forth in a local paper the following amusing note:

WHISKEY ON PICKET

The kind offer of Dr. Kenworthy to contribute toward a fund that should secure whiskey rations for the picket guard during the wet disagreeable weather . . . has drawn out a strong expression of opinion from almost every man in Town and such diversity of sentiment was never known before. One thinks it a splendid idea, while another is sure to denounce it. While one man asserts that four ounces of whiskey are most ample, others maintain that sixteen would be far more appropriate. Some would prefer their whiskey straight, while others declare that an addition of quinine would be a decided improvement. The great majority who have performed picket duty see no very serious objection in wetting their whistle when they find themselves wet completely through, but the Good Templars and Sons of Temperance express their partiality for hot, strong coffee every time.[252]

Business activity in Jacksonville was declining, and fear that an epidemic of disease was imminent seemed to be increasing. On October 9, a "document" was issued and was forwarded to Mr. W. S. Boyd, Mayor of Jacksonville, who was ill in Philadelphia. This declaration, intended for publication in the Philadelphia papers, read as follows:

To the Public

This is to certify that there is no contagious or infectious disease existing in the city of Jacksonville, Florida . . . that there has not been a case of yellow fever or anything resembling a case of yellow fever this season . . . and that the city is in all respects healthy.

	Thos. A. Willson,
Thos. S. Eells	Mayor Protem
Pres. Board of	R. P. Daniel, M. D.
Health of Jacksonville	President, Duval
	County Medical Society
A. W. Knight, M. D.	Jas. B. Crabtree
Health Officer	Sec'y and Clerk
City of Jacksonville	of Council[253]

It would appear that the health officials and city authorities were "protesting too much." Cases resembling yellow fever had appeared prior to this time,* but it was hoped that a panic could be avoided. The yellow fever season was waning as winter approached.

On November 1, Mr. Eells wrote a letter to the public directing attention to the daily health report of the president of the Duval County Medical Society. He decried the rumors of fever in Jacksonville despite these reports.[254] Actually there was sufficient reason for these rumors. About the middle of October the members of the medical profession had begun to realize that there was an unusual amount of fever in Jacksonville. At this time, however, few of the cases were "formidable," and the mortality was low. On October 27, the first "undoubted case" of yellow fever appeared and on October 30 the patient died.[255] After this time there were many deaths. On November 10, the daily health bulletin was discontinued, and the following notice was published:

By authority of the president of the Board of Health, and in consideration of the period of the fall, the cool change and the present health of the city, the daily health certificate will, from this date be discontinued.

R. P. Daniel
President Duval County
Medical Society[255]

A few days later, however, the members of the medical profession felt that the truth could be withheld from the public no longer. On November 14, Dr. Daniel wrote the following letter to Mayor Boyd, who had returned to Jacksonville:

Jacksonville
Nov 14th 1877

Hon. W. Stokes Boyd
Mayor &
President Board of Health

Sir:

Within the last two weeks a number of cases of fever have occurred in and around the city, principally in the

*Early in July Dr. Daniel and Dr. Sabal treated one of the sisters at the convent on the corner of Pine and Duval streets, who died. Her illness was diagnosed as "malignant hemorrhagic fever," and the cause was attributed to a well which was subject to contamination from a large privy nearby. In early August Dr. Daniel and Dr. Wellford attended a young lumber clerk who was exposed to the night air in his work on the railroad wharf. He died of an illness which resembled yellow fever. On August 11, Willie Baker, son of Judge J. M. Baker, returned from Fernandina after spending considerable time in the neighborhood of a vessel which was suspected of introducing yellow fever into that city. Several days later Willie became ill and was attended by Dr. Wellford, who stated that he had a severe and peculiar febrile illness, but no other member of the family contracted the disease. Dr. Drew reported a case in mid-September which he believed was yellow fever. On September 22, Mr. Ellis Hull became ill with a disease which resembled yellow fever. He was attended by Dr. Wellford and later by Dr. Daniel when the former went to Fernandina. In late September a Mr. Swope was taken ill with fever and was attended by Drs. Daniel, Knight and Sabal. His illness was highly suggestive of yellow fever. Soon afterward Dr. Knight reported 3 cases which closely resembled yellow fever.[245]

Jacksonville
Nov 14 1877.

Hon W. Stokes Boyd
Mayor &
President Board of Health
Sir:

Within the last two weeks a number of cases of fever have occurred in and around the city, principally in the Eastern Suburb, on the South side of the Pond, and in the neighborhood of The Waverly House; several of them have proved fatal. Drs. Mitchell, Sabal, Knight, Holt, Fernandez and myself have all had one or more cases.

Our duty to the authorities;

Dr. R. P. Daniel's original letter to the mayor of Jacksonville, informing him that yellow fever was prevalent in Jacksonville.

western suburb, on the south side of the Pond, and in the neighborhood of The Waverly House; several of these have proved fatal. Drs. Mitchell, Sabal, Knight, Holt, Fernandez and myself have all had one or more cases.

Our duty to the authorities, the community and ourselves, compels us to recognize the undoubted features of yellow fever in these cases.

We have conscientiously withheld this fact from the public up to this time, earnestly hoping and trusting that the late period of fall would have given us such a temperature ere this as would have stamped out all fevers; and feeling that a few additional days of exposure would, by no means, jeopardise the health and lives of this community as much as would the probable panic and its consequences if our convictions had been made public.

And now, whilst we have no right to withhold the truth, we still sanguinely hope that a very few additional days of risk will carry us out of danger.

Respectfully
R. P. Daniel
President Duval County
Medical Society[256]

In the same issue of the paper in which this letter was published, Mayor Boyd inserted a bulletin addressed to the citizens of Jacksonville, in which he said:

. . . I do not fear that the disease can become epidemic and hope that the community will not evince anything like a panic, but remain quietly at their homes, taking every precaution, after consulting with their respective physicians . . . Our warm season has been protracted unusually long and we confidently hope for frost in a few days which will stay the progress of the disease . . .[257]

Words of caution and warning, however, were of no avail. Almost immediately there was much excitement on the street, and it was estimated that within thirty-six hours nearly 800 people left the city by boat and train.[258]

At a meeting of the Board of Health on November 16, Colonel L. A. Hardee, a citizen of Jacksonville who apparently had had no scientific training, appeared before the board and recommended concussion as a means of eradicating yellow fever from the city. He was granted permission to put his theory to test. That same evening the city was concussed. The following account appeared in a local paper:

. . . About 7 P. M. there were four explosions, each of 50 pounds of powder, which had been placed in the mud near "the pond." At 8 P. M. he [Colonel Hardee] commenced firing west of Cedar Street charges of 1½ lbs. each 2 every minute. These were to be continued until sunrise. The smoke created was very dense, and the Colonel feels happy over the result of his experiment, and believes that there will be no more yellow fever cases here.*[258]

Soon after the announcement of yellow fever in Jacksonville, Mr. George E. Jordan of the Florida Minstrels caught the spirit of the occasion. To the air of "On the Road to Brighton" he sang the following song:

Don't ax me to stop for nuffin; I'se guine aboard de boat;
See how my eyes are sticking out; my heart's clar up my froat;
I've seen a heap 'truble', boys, in dis sad world ob care,
But nuffin hab I seen to match this yaller fever scare.

Chorus: It's mighty curious, somehow, but den it am a fac
Dat dis yer whole community wid crazy folks am packed;
Dey trembles at a whisper, kaze dey smells it in de air,
And guine de odder side of Jordan, on a yaller fever scare.

De Mayor's proclamation didn't do a bit of good,
Kase all de oldest citizens was breakin for de woods;
You neber seed so many folkses at the Duval County Fair,
As run aboard de steamboats in the yaller fever scare.

You done orter seen de plunder packed out dar on de wharf
Belonging to de folkses dat was guine for de Norf!
In Florida 'de lan ob Flowers,' dey claimed a mighty share,
But der stock, you see, was all for sale—in der yaller fever scare.

2nd Chorus:
It's mighty curious, somehow, but den it am a fac,
Dat dis yer whole community wid funny folks is packed;
An suppose you ax the question, dey'll one and all declare
Dat dey nebber got excited on de yaller fever scare.[262]

On November 23, with many uninspired statements, there appeared in a local paper under "Stray Notes" the following astute and most pertinent observation:

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*The author has been informed that this concussing of Jacksonville was dramatized over the radio on a national hookup about two years ago (midyear 1944), but apparently the facts were somewhat inaccurately portrayed. The event was important for this was one of the earliest tests of the concussion theory that was made anywhere. "Hardee's Theory of Concussion" was presented in 1869 in several newspapers of the South. In 1870 Colonel Hardee corresponded with Dr. Troup Maxwell, formerly professor of Obstetrics and Diseases of Women and Children in the Oglethorpe Medical College at Savannah, Ga. This correspondence was published in the Savannah News. Colonel Hardee claimed that concussion combined with "sulfuric acid, gas and ozone" generated from the combustion of gunpowder would kill all parasitic life at night when the air was "humid and rarified." He quoted from Lord Bacon to prove "that the severe ringing of bells in dense and populous cities dissipated pestilent air."[259]

Apparently concussion had been used in various forms in China chiefly "to drive off evil spirits" 3,000 years before, in South America in 1851 and in the New Orleans epidemic of yellow fever in 1853.

Mrs. H. K. Ingram of Nashville, Tenn., when a young woman, interested herself in medical subjects. She planned to study medicine, but women were not admitted to medical schools in those days. In 1873, she observed that it was a common practice for colored people in Nashville "to clear a room of mosquitoes by exploding a little gunpowder on a shovel in the middle of the room . . . the insects were killed by the rushing together of the columns of air, into the vacuum thus formed, the rebound against the wall and the repetition of . . . bruising blows . . . They were killed by the mechanical force of concussion." She reasoned that if moquitoes could be killed in this manner, smaller insect life likewise could be destroyed. After some research, she presented her theories to medical authorities and gained considerable recognition. Apparently she was the first woman ever to address the American Association for the Advancement of Science when, in 1877, she presented a paper entitled "Atmospheric Concussion as a Means of Disinfection."[260, 261] It is too bad that Mrs. Ingram did not devote herself to the mosquito angle of the problem instead of going on to theories of "smaller insect life."

There are several resident mosquitoes that did not refugee.*[263]

Thursday, November 29, was Thanksgiving Day. Then indeed the people of Jacksonville had reason to give thanks, for on that day the weather grew cold, during the night the temperature continued to fall, and on the following morning there was a freeze—a clearcut, health-restoring, longed for and most welcome freeze.

On Saturday morning, December 1, an editorial appeared in a Jacksonville paper which preserves admirably the local color and spirit of the occasion. Reproduction of the editorial here, with all its articulateness, seems appropriate:

*No one at this time, apparently, had any justified suspicion that mosquitoes were the vector of yellow fever. This was before the experiments in Cuba of Carlos Finlay, who later was dubbed queer and impractical. It was not until 1900, twenty-three years later, that the mosquito was identified as the agent which spreads the disease.

THE FREEZE

No happier smiles ever illumined the faces around a Christmas table than shone Friday morning upon the countenance of everybody in town. Bay Street was astir bright and early, the boys pulled down the store shutters with a brisk vim, every shopkeeper stepped cheerily along the sidewalks; even the horses and wagons, omnibuses and mule carts dashed along the hardened ground with exhilarating impetus, and people greeted each other with hearty congratulations and a jolly "good morning." There was an infection of joy all over the city. The hotels, hitherto dreary and so silent and yearning for the winter travel, ran up their gay flags and pennants. Looking over the [St. Johns] river the water sparkled and rippled in the clear, crisp, cold morning air. For the first time people are today wearing warm overcoats, and wives and maids are frisking about the stores, with a crimson bloom on their cheeks, half muffled in shawls and comforters. The great glass windows of the fashionable shops fairly glistened this morning like mirrors, as we strided down Bay Street, at an early hour, with fingers tingling in the sharp air . . . There is no doubt about it. It was a freeze. The cold, dry air of yesterday blowing from the west and northwest had dried up all moisture, and there was therefore, no appearance of frost; but wherever there happened to be any moisture in the soil it was frozen to ice . . . The signal office reports that the mercury went down to 31 degrees . . . At the Windsor Hotel the thermometer showed 28 degrees about

THE WEEKI

The Florida Union.

Monday, December 3, 1877.

LOCAL SUMMARY.

Neat specimens of job printing can al- seen at the Union office. All visi- -dially welcome.

-hn N. Bennett of the Sheriff's -ue silk badge. Times are

can be purchased at -vish to reduce their

-er from our mar- rising sun. -of Good Tem- -is city. city market

-v prevalent careful of

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-ake of

FROST.

No Yellow Fever.

Official From the Mayor

We cannot but congratulate our citizens upon the fact that frost and ice has at last visited us. The first cold night was Thursday, and it has been cold since. The sickness which has prevailed here before the cold snap has now entirely disappeared.

During a conversation yesterday with his honor the Mayor, we were informed that the health of the city was never better. His response to the numerous telegrams and letters he has received within the past two or three days from all over the United States, was simply the following: "All well. Come when you desire, for we can safely say there is no sickness within the limits of our beautiful city!"

ICE ALL ALONG THE LINE.

Fernandina has an Eighth of -and the Ther-

Tho increa- the pa- to ha- and : juver grow muct not (gest and that If, tl and ents, be as

Er minc tion me, of of ler ae

The announcement of frost and the end of the yellow fever epidemic.

7 o'clock. At the St. James, Mr. Campbell reports his instrument at 31 degrees early this morning. At any rate it was cold—shivering cold—and the bright lightwood fires in one's breakfast room gave a most cheerful and agreeable glow to the domestic interior. Cocktails, that insidious appetizer, were in eager demand from the very break of day, and some of our citizens, conscientious ones, who regard a liquor shop to be worse than a yellow fever epidemic, were observed slying emerging from Togni's and Farenbach's—at the two extremes of Bay Street—out of the way of the more busy centre, fearing to boldly enter Lord Lyman's palatial resort in the broad gaze of a crowded thoroughfare. Better than all, the Duval County Medical Society are in a condition of endemic ecstatics. They are rejoiced that their conscientious scruples will trouble them no more. Mr. Eells, who is himself the board of health, the inventor of the proclamations, was rosy with delight this morning, and is preparing a manifesto for tomorrow crowded with exultation; and it is pleasant after all. Pipesmokers may now fill up with a general relish, and Tom McMurray may drive his double best the whole length of Bay Street on a dead run and he shant be molested with a fine. Welcome home the . . . penitent prodigals. Let the air ring with shouts, for "Johnny Comes Marching Home."[264]

The number of cases of yellow fever in Jacksonville approximated 150, but the actual number of deaths during this period is unknown.[248, 265] In reality, Jacksonville suffered much less than Fernandina. That city was visited by a true holocaust, while in Jacksonville the outstanding feature of the epidemic was the disruption of all organized activity due to fright and panic. After the freeze, resumption of business as usual was accomplished in a short time. The residents, however, had learned their lesson and immediately set out to make major sanitary improvements.

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ABSTRACT OF MEDICAL ARTICLES

PARATHYROID ADENOMA AND HYPERTROPHY OF THE PARATHYROID GLANDS, ROGERS, H. MILTON, Rochester, Minn., J. A. M. A. **130**; 22-28 (Jan. 5) 1946.

Two cases of probable acute hyperparathyroidism associated with duodenal ulcer are reported, and the findings at autopsy are described. The coexistence of these two conditions has not been reported previously. In neither of these cases, in which the probable acute hyperparathyroidism was not recognized during life, did the history suggest osseous or renal disease. In each the presenting symptoms were those of coexisting duodenal ulcer and probable hypercalcemia. An exacerbation of the symptoms of nausea, vomiting, lethargy, prostration and azotemia was produced by treatment for duodenal ulcer, which included a diet high in calcium and phosphorus.

In the first case an adenoma of the parathyroid gland, composed of chief cells, was the cause of the acute hyperparathyroidism. Metastatic calcification was present in the kidneys, lungs and arterioles. In the second case the condition was due to generalized hypertrophy of the parathyroids and of the supernumerary parathyroid glands with hyperplasia of the large, clear cell type. This case is the first reported instance of primary hyperplasia of the parathyroid glands from the Mayo Clinic. Metastatic calcification was likewise present in the kidneys in this case, and also involved the dura matter and the lungs. The number of supernumerary parathyroids was unusual, no comparable number being noted in the literature, and the total amount of parathyroid tissue present showed hypertrophy and hyperplasia to an extreme degree. These cases illustrate well the pathologic changes of the parathyroid gland in hyperparathyroidism.

The problems of differential diagnosis when duodenal ulcer and hyperparathyroidism coexist are discussed. The difficulties of treatment of duodenal ulcer, if complicated by hyperparathyroidism, are also presented.

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The Journal of The Florida Medical Association

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JOURNAL SCHEDULE

This issue of the Journal went to press the early part of April. Because of this schedule, it was impossible to publish the names of the officers elected at the annual meeting held the latter part of that month, and the committee appointments of President Richardson. The results of the election and the names of the new committeemen will appear in the June Journal.

It takes approximately four weeks to publish an issue of the Journal. As every effort is made to mail the Journal as near the first of the month as possible, copy must go to the printer thirty days in advance of the date of issue. Contributors to the Journal are urged to familiarize themselves with this printing schedule.

The June Journal, printed during the month of May, will be the first issue prepared under the supervision of the editor elected on April 24.

—H. L. P.

CHILD HEALTH STUDY

A survey of the health needs of the children of Florida and the services available within the state to meet these needs is now under way. This important undertaking, sponsored by the Florida Pediatric Society as part of a nationwide post-war movement originating with the American Academy of Pediatrics, merits the prompt and hearty cooperation of every member of the Association. Elsewhere in this issue Dr. George L. Cook, Chairman, Committee on Child Health, and also Florida State Chairman, American Academy of Pediatrics, makes announcement of the plans for this study and urges every physician in the state to watch for, fill out and return at once the brief questionnaire soon to be sent to him. The success of the survey depends entirely on the cooperation of all Florida physicians. Read Dr. Cook's report and when called upon, respond promptly.—H. L. P.

GRADUATE SHORT COURSE

The fourteenth annual Graduate Short Course for Doctors of Medicine will be held at the George Washington Hotel, Jacksonville, June 17 to 22, inclusive. In previous years the Short Course was held the last week in June. This year it was necessary to advance the date one week to avoid a conflict with the American Medical Association's meeting in San Francisco.

The program will be similar in form to those of the last several years, the first few days being devoted primarily to Medicine, Pediatrics and Venereal Disease and the last three to Obstetrics, Gynecology and Surgery. All of the members of the faculty will be new this year except Dr. E. C. Hamblen of Duke University. It is the opinion of the committee that the faculty and the lectures will measure up to the high standard of previous years.

The program will appear in full in the June issue of the Journal.

It is suggested that if hotel reservations are desired, they be made at the earliest possible date. If the Chairman can be of any assistance in securing reservations, please write him at once.

T. Z. Cason, M. D., Chairman

Committee on Medical Postgraduate Course

DR. OLIN WEST RETIRES

According to the official announcement from the Board of Trustees, which appears in the March 30 issue of the Journal of the American Medical Association, Dr. Olin West, secretary-general manager of the American Medical Association for more than twenty-three years, retired from his official duties on April 1. The intense devotion of almost a quarter of a century of unremitting diligence in behalf of the progress of the American Medical Association and of its policies for the maintenance of medicine as a profession has taken a considerable toll of his energy.

Dr. Olin West came to the American Medical Association with a record of experience in medicine and public health that especially fitted him for the positions that he assumed. His preliminary education was received at Howard College in Alabama, in which state he was born at Gadsden on July 12, 1874. He was graduated from Vanderbilt University School of Medicine, Nashville, Tenn., in 1898. In 1910, after twelve years of practice in Nashville and fifteen years as a member of the faculty of Vanderbilt University, first as instructor and later as assistant professor and associate professor in chemistry, Dr. West became Director for the Rockefeller Sanitary Commission and International Health Board in Tennessee. Here he was especially effective in the great campaign against hookworm infection. In 1918 he became secretary and executive officer of the Tennessee State Board of Health and after four years gave up that position to become field secretary of the American Medical Association in association with Dr. Alexander Craig, who was at that time secretary. Following the death of Dr. Craig, Dr. West was appointed secretary by the Board of Trustees. Then when Dr. George H. Simmons resigned as editor and general manager of the Association in 1924, Dr. West continued in the position of secretary and succeeded to the duties of general manager.—H. L. P.

NEW SECRETARY, A. M. A.

Following the resignation of Dr. Olin West as secretary and general manager of the American Medical Association, the Board of Trustees appointed Dr. George F. Lull as general manager of the Association, beginning April 1, 1946, and effective until the next annual session of the Association. This announcement appeared in the Journal of the American Medical Association of March 30.

FLORIDA STUDY OF CHILD HEALTH SERVICES

AN IMPORTANT ANNOUNCEMENT

The American Academy of Pediatrics at its annual meeting in St. Louis in November 1944 approved a plan of its Committee on Child Health in the Postwar Period to make a survey of the needs of the children of the United States and the facilities available to meet these needs. Its Study of Child Health Services has accordingly been developed along two distinct lines. Information concerning hospitals, private practice and general health services is gathered on a state level by the pediatricians of the individual states. One of the primary purposes is to stimulate local groups to evaluate the services within their community as a background for local planning. A second division of the study concerns an evaluation of pediatric education. Since it does not lend itself to organization at the state level, it is conducted from the central executive office by persons experienced in academic pediatrics.

In North Carolina, the state selected for the pilot study, the survey has been completed and the data have been tabulated. The successful completion of the study in that state was due not only to the wholehearted cooperation of the pediatricians and their state society but also to the assistance given by the general practitioners and the State Department of Health as well as by semiprofessional and lay groups.

The method of procedure employed in North Carolina utilized the pediatricians as the key group. It was fully realized that the demands on them were particularly pressing; therefore, the program was planned so that the burden falling upon their shoulders would be reduced to a minimum. It was clearly demonstrated that the executive secretary for the state carries the brunt of the load and also that the success of the study depends on the measure of cooperation given by each pediatrician of the state.

The survey is now to be made in Florida, and the importance of the task cannot be overemphasized. It is, in this state, the first attempt of an organized group of medical practitioners to inquire into its own affairs. This fact-finding study is undertaken by physicians to ascertain the strong and the weak points pertaining to their practice.

Many organizations outside the ranks of practicing physicians are quoting figures and making recommendations relative to the regulation of

medical practice. This study offers the practicing physician opportunity to determine the best methods of meeting the existing needs.

In Florida, this survey of the American Academy of Pediatrics is sponsored by the Florida Pediatric Society with Dr. Irving Victor serving as executive secretary. Soon after publication of this announcement, a short questionnaire will be sent to every practicing physician in the state. It is of the utmost importance that it be filled out and returned promptly.

The opportunity is here; the time is short! Will the physicians of Florida show that they are interested in the broader aspects of medical practice, or will they sit idly by and allow themselves to be regulated by outsiders?

George L. Cook, M. D.
Chairman, Committee on Child Health

RELOCATED PHYSICIANS TEMPORARILY LICENSED

Additional relocated physicians have been granted temporary licenses to practice medicine, each in a specified county in Florida, by the State Defense Council. These temporary licenses are subject to revocation by operation of law or by direction of the Governor, but in no event shall they continue in effect longer than six months after the end of World War II. Further information concerning the procedure may be found in the March 1944 issue of the Florida Medical Journal.

NAME	T.L.	COUNTY
Vogt, Frederick C.	47	Levy
Clark, George H.	48	Manatee
Hatchett, William C.	49	Broward
Weston, Elaine	50	Osceola
Herrero, Blas C.	51	Indian River
Buck, George H.	52	Osceola
Pohlman, Louis E.	53	Orange
Rose, Embree R.	54	Alachua
Whitehurst, Clinton H.	55	Orange
Cole, Andrew T.	56	Hillsborough
Weres, James	57	Levy
Cook, James T.	58	Jackson
Weintraub, I. Irving	59	Alachua
Pope, Madison R.	60	Hillsborough
Beasley, Norris M.	61	Alachua
Soskis, Elbert J.	62	Polk

These temporary licenses will terminate on July 1, 1946, in accordance with a resolution passed by the State Defense Council. The resolution is reproduced on this page.

TEMPORARY MEDICAL LICENSES VOID AS OF JULY, 1946

Resolution

Whereas, in pursuance of the executive order of Honorable Spessard L. Holland, as Governor of the State of Florida, dated the 8th day of January, 1944, and other requisite conditions, the Florida State Defense Council has heretofore granted and issued certain temporary medical licenses to certain practitioners authorizing their temporary practice of medicine either generally or restricted to certain branches of medical practice and each of which said licenses was limited to practice in a designated county of the State of Florida, and

Whereas, it was provided in each of said licenses that such license was to continue in effect until revoked by operation of law or by order of said Defense Council upon direction of the Governor of Florida, and was subject to the further limitation that in no event should the license continue in effect for a period longer than six months after the cessation of the then hostilities in which th United States of America was engaged, and

Whereas, the sole purpose of granting said temporary licenses was to provide medical services needed in numerous counties of the State by reason of the absence of medical practitioners of such communities in the armed services of the United States, and

Whereas, the demobilization of members of the medical profession after the cessation of active hostilities has to some extent been delayed beyond the time originally estimated, and numerous medical practitioners in the armed services will not have returned to their communities within six months from the cessation of hostilities, and

Whereas, it is deemed necessary and advisable to extend the period during which said temporary licenses may lawfully practice to the 1st day of July, 1946;

Now, Therefore, Be It Resolved, that all temporary licenses to practice medicine heretofore issued by the State Defense Council of Florida which are still in effect, shall be severally cancelled, terminated and revoked on, and as of, the 1st day of July, 1946, on which last mentioned date each and every of said temporary medical licenses shall cease and become null and void.

Approved, February 7, 1946.

(Signed) Governor Millard F. Caldwell,
Chairman, State Defense Council of Florida.

(Signed) Albert H. Blanding,
Acting Executive Director,
State Defense Council of Florida.

MEDICAL OFFICERS RETURNED

Dr. I. M. Hay, who entered military service on June 15, 1942, received his discharge on April 9, 1946. His address is Melbourne. He held the rank of Lieut. Colonel.

Dr. E. Norton McKenzie, who entered military service on Sept. 8, 1942, received his discharge on April 3, 1946. His address is 641 duPont Building, Miami. He held the rank of Major.

Dr. J. Richard West, who entered military service on July 13, 1942, received his discharge on April 9, 1946. His address is 114 South Palmetto Avenue, Daytona Beach. He held the rank of Captain in the Army.

Dr. Thomas O. Otto, who entered military service on Sept. 12, 1942, received his discharge on April 7, 1946. His address is 704 Huntington Building, Miami 32. He held the rank of Lieut. Colonel.

Dr. Reaves A. Wilson, who entered military service on May 2, 1942, received his discharge on April 28, 1946. His address is 317 South Orange Avenue, Sarasota. He held the rank of Major.

Dr. Russell B. Carson, who entered military service on Sept. 10, 1942, received his discharge on April 12, 1946. His address is 314 Sweet Building, Ft. Lauderdale. He held the rank of Major.

Dr. Linus W. Hewit, who entered military service on July 21, 1942, received his discharge on April 16, 1946. His address is 416 Citizens Building, Tampa 2. He held the rank of Major.

Dr. Ralph M. Overstreet, Jr., who entered military service on June 29, 1941, received his discharge on Feb. 27, 1946. His address is 820 Comeau Building, West Palm Beach. He held the rank of Major.

Dr. Joseph L. Selden, Jr., who entered military service on Jan. 1, 1942, received his discharge on Jan. 9, 1946. His address is 416 Richards Building, Ft. Myers. He held the rank of Captain in the Army.

Dr. Murray D. Sigman, who entered military service on July 1, 1942, received his discharge on Feb. 15, 1946. His address is 107 Cordova Street, St. Augustine. He held the rank of Captain in the Army.

Dr. Louis A. Wilensky, who entered military service on March 28, 1944, received his discharge on Jan. 16, 1945. His address is 220 Professional Building, Jacksonville 2. He held the rank of Lieutenant (j.g.).

Dr. Thomas W. Hutson, who entered military service on Dec. 26, 1941, received his discharge on April 21, 1946. His address is 407 Ingraham Building, Miami. He held the rank of Captain in the Navy.

Dr. John D. Hagood, who entered military service on Jan. 11, 1943, received his discharge on Jan. 19, 1946. His address is Clearwater. He held the rank of Lieut. Commander.

Dr. A. B. Johnson, who entered military service on Sept. 1, 1942, received his discharge on April 11, 1946. His address is Camp Street Extension, Jamestown, N. Y. He held the rank of Major.

Dr. Ralph T. Heath, who entered military service on May 5, 1942, received his discharge on Jan. 9, 1946. His address is 2901 Alline Avenue, Tampa 6. He held the rank of Captain in the Army.

Dr. Frank E. Bowser, who entered military service on April 4, 1940, received his discharge on Feb. 8, 1946. His address is 420 Simonton Street, Key West. He held the rank of Captain in the Army.

Dr. H. J. Blackmon, who entered military service on Sept. 2, 1942, received his discharge on Dec. 21, 1945. His address is 1210 Citizens Building, Tampa 2. He held the rank of Lieut. Colonel.

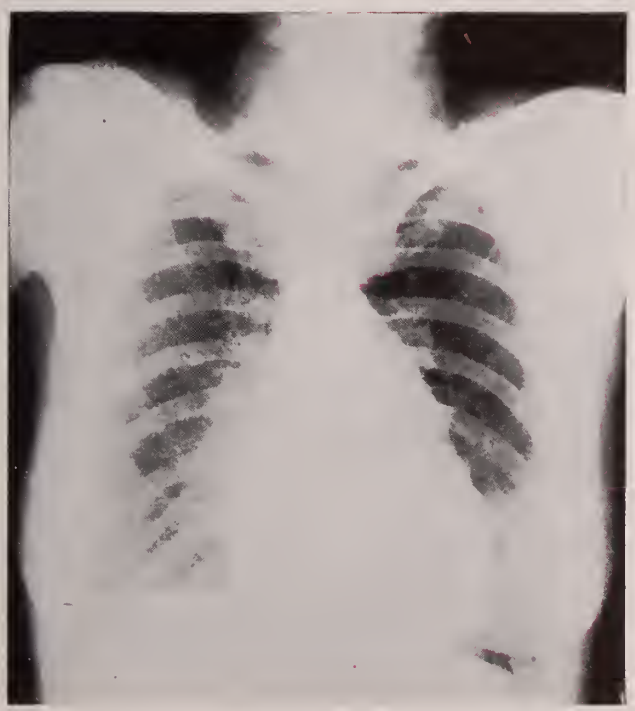
Dr. Alva T. Cobb, who entered military service on July 18, 1942, received his discharge on Feb. 22, 1946. His address is 505 West University Avenue, Gainesville. He held the rank of Lieut. Colonel.

Dr. Richard S. Gill, who entered military service on Sept. 7, 1942, received his discharge on Feb. 14, 1946. His address is 709 South Olive Avenue, West Palm Beach. He held the rank of Major.

Dr. Sidney G. Kennedy, who entered military service on Feb. 8, 1943, received his discharge on March 17, 1946. His address is 816 North Palafox Street, Pensacola. He held the rank of Commander.

Dr. Vergil G. Stead, who entered military service on April 1, 1941, received his discharge on Oct. 16, 1945. His address is Box 555, Naples. He held the rank of Captain in the Army.

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Dr. James V. Freeman, who entered military service on Feb. 1, 1941, received his discharge on Nov. 19, 1945. His address is 2005 Park Street, Jacksonville 4. He held the rank of Major.

Dr. Phillip W. Horn, who entered military service on June 29, 1941, received his discharge on March 24, 1946. His address is 2330 Park Street, Jacksonville 4. He held the rank of Lieut. Colonel.

Dr. Lassar Alexander, who entered military service on Feb. 8, 1941, received his discharge on Jan. 11, 1946. His address is 2323 South Miami Avenue, Miami. He held the rank of Captain in the Army.

Dr. Zaven M. Seron, who entered military service on May 15, 1940, received his discharge on April 28, 1946. His address is Sebring. He held the rank of Major.

Dr. Hugh H. Barfield, who entered military service on Dec. 15, 1940, received his discharge on Dec. 15, 1944. His address is 1317 South Orange Street, Ocala. He held the rank of Captain in the Army.

Dr. S. Raymond Cafaro, who entered military service on May 5, 1941, received his discharge on July 26, 1945. His address is St. Augustine. He held the rank of Major.

Dr. Franklin E. Campbell, Jr., who entered military service on May 16, 1936, received his discharge on March 24, 1945. His address is 136 Beach Drive, North, St. Petersburg. He held the rank of Lieut. Commander.

Dr. Charles H. Daffin, who entered military service on Feb. 1, 1941, received his discharge on Jan. 27, 1946. His address is Route 2, Box 122, Panama City. He held the rank of Captain in the Army.

Dr. Frank Holecek, who entered military service on May 15, 1942, received his discharge on Jan. 9, 1946. His address is 710 Central Avenue, St. Petersburg. He held the rank of Captain in the Army.

Dr. Robert P. Keiser, who entered military service on Feb. 17, 1943, received his discharge on Aug. 5, 1945. His address is Coral Gables Clinic, Coral Gables. He held the rank of Captain in the Army.

Dr. Jere W. Kirkpatrick, who entered military service on Nov. 24, 1944, received his discharge on Jan. 22, 1946. His address is Inverness. He held the rank of Captain in the Army.

Dr. M. Hayne Kendrick, who entered military service on Aug. 14, 1942, received his discharge on Jan. 6, 1946. His address is 63 East 80th Street, New York, N. Y. He held the rank of Captain in the Army.

Dr. F. Leslie Snyder, who entered military service on June 21, 1942, received his discharge on Jan. 7, 1946. His address is 314 Sweet Building, Ft. Lauderdale. He held the rank of Major.

Dr. B. Martin McCloskey, who entered military service on Oct. 20, 1943, received his discharge on March 25, 1946. His address is 2307 Riverside Drive, Tampa 3. He held the rank of Captain in the Army.

Dr. Russell K. Nuzum, who entered military service on July 3, 1942, received his discharge on March 13, 1946. His address is 1110 Huntington Building, Miami 32. He held the rank of Captain in the Army.

Dr. Albert R. Frederick, who entered military service on Sept. 18, 1942, received his discharge on March 26, 1946. His address is 1035 39th Avenue, North, St. Petersburg. He held the rank of Lieut. Colonel.

Dr. John J. Scanlon, who entered military service on July 10, 1941, received his discharge on March 16, 1946. His address is Box 507, Winter Garden. He held the rank of Lieut. Colonel.

Dr. Donald G. Stannus, who entered military service on June 9, 1942, received his discharge on Jan. 9, 1946. His address is 606 duPont Building, Miami 32. He held the rank of Captain in the Army.

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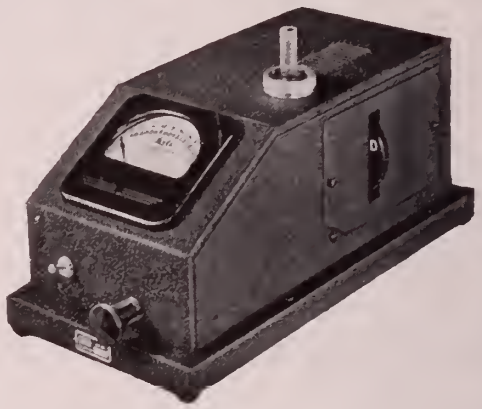
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Dr. Harold Rand, who entered military service on Oct. 31, 1942, received his discharge on March 12, 1946. His address is 444 Ingraham Building, Miami 32. He held the rank of Major.

Dr. James M. McClamroch, who entered military service on Oct. 1, 1942, received his discharge on Dec. 6, 1945. His address is 352 West Masonic Street, Gainesville. He held the rank of Lieut. Commander.

Dr. Jack O. W. Rash, who entered military service on July 17, 1942, received his discharge on April 22, 1946. His address is 903 Huntington Building, Miami 32. He held the rank of Major.

Dr. Stanley Frehling, who entered military service on July 17, 1942, received his discharge on April 17, 1946. His address is 321 East Dilido Drive, Miami Beach. He held the rank of Major.

Dr. Warren H. Sears, who entered military service on Sept. 1, 1941, received his discharge on Feb. 15, 1946. His address is 175 State Street, Springfield, Mass. He held the rank of Commander.

Dr E. E. Leitner, who entered military service on Aug. 31, 1942, received his discharge on March 5, 1946. His address is 33 West Ashley Street, Jacksonville 2. He held the rank of Lieut. Commander.

Dr. R. J. Pearson, Jr., who entered military service on June 21, 1942, received his discharge on April 22, 1946. His address is 2000 Park Street, Jacksonville 4. He held the rank of Lieut. Commander.

Dr. R. J. Patterson, who entered military service on Aug. 12, 1942, received his discharge on Jan. 10, 1946. His address is 218-220 First National Bank Building, Hollywood. He held the rank of Captain in the Army.

Dr. E. Clements Watt, who entered military service on Jan. 1, 1941, received his discharge on March 11, 1946. His address is 419 Professional Building, Jacksonville 2. He held the rank of Lieut. Colonel.

Dr. Don C. Robertson, who entered military service on Sept. 30, 1942, received his discharge on April 3, 1946. His address is 1221 North Orange Avenue, Orlando. He held the rank of Lieut. Colonel.

STATE NEWS ITEMS

At the meeting of the Southeastern Section of the American Urological Association held in Augusta, Ga., March 21, 22 and 23, Dr. Russell B. Carson of Ft. Lauderdale was elected to the Executive Committee to replace Dr. Robert B. McIver, who was named president-elect. In addition to Dr. McIver and Dr. Carson, members of the Florida Medical Association who attended this meeting were: Dr. J. J. Guerra, Clearwater; Drs. W. H. Brooks and E. T. Sellers, Jacksonville; Drs. W. L. Fitzgerald, Perry D. Melvin, James J. Nugent and Frank M. Woods, Miami; Dr. Frank J. Pyle, Orlando, and Drs. James L. Estes and E. S. Gilmer, Tampa.

Members of the Florida Medical Association who attended the Memphis Assembly of the Southeastern Surgical Congress, March 11, 12 and 13, were: Drs. Kenneth A. Morris and Frederick J. Waas, Jacksonville; Drs. D. A. McKinnon and Courtland D. Whitaker, Marianna; Drs. Walter C. Jones and Harrison A. Walker, Miami; Dr. Duncan T. McEwan, Orlando; Drs. A. H. Lisenby and W. C. Roberts, Panama City, and Dr. J. H. Pound, Tallahassee.

Dr. Aubrey Y. Covington was appointed Director of the Bradford-Clay-Union County Health Unit on Jan. 15, 1946. He was recently released from the Army. His headquarters are at Starke.

Dr. C. M. Sharp, recently released from the United States Public Health Service, was appointed Director of the Bureau of Tuberculosis Control of the State Board of Health and assumed his duties on March 11.

Dr. Thomas G. Faison, recently released from the Army, has been appointed Director of the Bay County Health Department with headquarters at Panama City. He assumed his duties on Jan. 28, 1946.

The Oklahoma State Medical Association is sponsoring a special train to the 1946 session of the American Medical Association to be held in San Francisco, July 1 to 5, and invites all other interested state associations to join the Oklahoma physicians on this trip. Florida physicians who are interested, please communicate with Mr. Dick Graham, Executive Secretary, Oklahoma State Medical Association, Oklahoma City.

Dr. Frederick J. Waas, Jacksonville, was the guest speaker at the meeting of the Rotary Club in Fernandina on Tuesday, April 9. The subject of Dr. Waas' address was "Cancer Control."

Dr. Ava Lancaster Cannon, Orlando, announces the opening of her office at 901 North Mills Street. Dr. Lancaster Cannon formerly practiced in Haines City.

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MARRIAGES AND DEATHS

MARRIAGES

Dr. Harrison G. Palmer and Mrs. Marion B. Jones of St. Petersburg were married on March 5, 1946.

Dr. Marion C. Martin of Miami and Mrs. Elizabeth P. Clinton of Chattanooga were married on December 13, 1945.

DEATHS—MEMBERS

Dr. E. H. Adkins, Miami Beach—Feb. 22, 1946.
Dr. J. M. Bledler, Ft. Lauderdale—Jan. 26, 1946.
Dr. M. A. Kugel, Miami Beach—March 9, 1946.
Dr. Peter T. Skaggs, Miami—April 2, 1946.

OTHER DOCTORS

Dr. Emerson W. Ayars, Miami—April 2, 1946.
Dr. J. R. Sholl, St. Petersburg—Feb. 21, 1946.
Dr. Bennett Maxey Tison, Jacksonville—April 7, 1946.
Dr. Frederick J. Walter, San Diego, Calif.—Feb. 14, 1946.

PUBLIC HEALTH DOCTORS NEEDED

Graduates of schools of medicine approved by the A. M. A., who are interested in preventive medicine, are asked to communicate with the Merit System Office in Gainesville for information concerning vacancies with the Florida State Board of Health and County Health Units. Appointments to full-time positions will be made in accordance with Merit System Rules. No permanent appointments are given to physicians who are above the age of 45 upon entering the field of public health. Address Merit System Supervisor, Merit System of the Florida State Board of Health and Crippled Children's Commission, Professional Building, Room 201, Gainesville, Fla.



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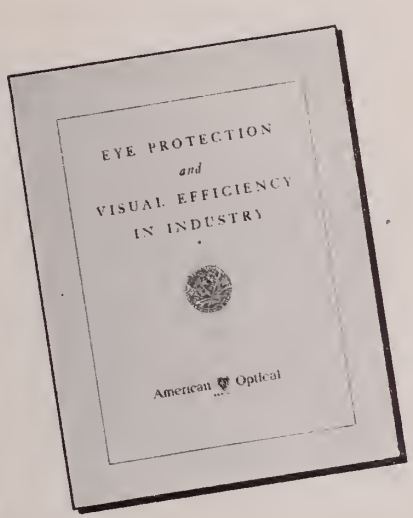
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This printed policy is part of a program developed by American Optical to facilitate co-operative relations between the Ophthalmic Professions and Industry. Copies of this statement incorporating the company's policy have been mailed to Ophthalmologists, Optometrists, and Ophthalmic Dispensers.

In brief, the AO Program for Industrial Safety and Visual Efficiency:



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ELMER HALL ADKINS

Dr. Elmer H. Adkins of Miami Beach died Feb. 22, 1946 at the age of 63.

Born in Wilmington, N. C., Dr. Adkins received his medical degree from the University of Maryland in 1905. He served his internship at Mayo Clinic, and was invited to remain at the Clinic as a staff surgeon, but chose to return to Chattanooga, his home at that time. He became, however, a close friend of both Dr. Charles and Dr. Will Mayo.

Dr. Adkins established an office in Miami Beach twenty-four years ago and became prominent in civic and fraternal activities. In 1924 he became chief of surgery at the St. Francis Hospital, a position he held until his death. During World War II he served as a member of the Dade County Selective Service Appeals Board, where he was highly regarded by his fellow members and for which he recently received a Selective Service citation from national headquarters.

He was a member of the Dade County Medical Society, the Florida Medical Association, the Southern Medical Association, the American Medical Association and the American College of Surgeons.

Surviving are his two sons, Elmer Hall Adkins, Jr., representative in Rio de Janeiro for the North American Aviation Company, and Frank Hall Adkins of Miami, and a sister, Mrs. Robert Rouark of Jacksonville Beach.

WALTER HARMON DYER

Dr. Walter H. Dyer of Tampa died on February 9. He was 57 years of age.

A native of Stanton, Ala., he was graduated from Emory University in 1911. He was licensed to practice in Florida in 1920, and the following year opened offices at Tampa, where he founded St. Joseph's Hospital, formerly called the Tampa Heights Hospital. He was a member of the staff of the Tampa Municipal Hospital.

Dr. Dyer was a member of the Hillsborough County Medical Society, the Florida Medical



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Association and the American Medical Association.

Surviving are his widow; a son, Walter H. Dyer, Jr.; a brother, Leonard O. Dyer of Tampa; and three sisters, Mrs. Georgia Ruddick of Birmingham, Mrs. Grady Houston of Stanton, Ala., and Mrs. Tom Nelson of Selma, Ala.

COMPONENT COUNTY SOCIETIES

BREVARD

The Brevard County Medical Society has paid 100 per cent of its State Association dues for 1946. Dr. A. F. Thomas of Cocoa is president, Dr. W. J. Creel of Eau Gallie is vice president and Dr. I. K. Hicks of Melbourne is secretary of the society.

DADE

Dr. Leonard Rowntree was the principal speaker at a meeting of the Dade County Medical Society held on the evening of February 5 at the Nurses' Home, Jackson Memorial Hospital, Miami. He presented a comprehensive paper on "The Role of the Kidney in Cardiorenal Vascular Disease."

At the meeting held on March 5, Dr. Emil Isberg read an interesting paper on "An Internist's Observations on the Surgical Treatment of Essential Hypertension," which was discussed by Drs. George Lilly and E. Sterling Nichol.

DESOTO-HARDEE-HIGHLANDS-CHARLOTTE-GLADES

This society held its regular meeting at the Taylor Hotel, Wauchula, on Tuesday evening, March 12. Dr. H. G. Cole of Tampa, who spent three years with the armed forces, was guest speaker. He discussed the treatment of injuries and diseases of the knee and told of his experiences as an orthopedist in the Army.

DUVAL

The March meeting of the Duval County Medical Society was held Tuesday evening, March 5, at the Seminole Hotel. Dr. Leo M. Wachtel presented a paper on "Pentothal Sodium as an Anesthetic in Tonsillectomies." This paper was discussed by Drs. J. C. O'Dell, Thomas M. Irwin, H. Marshall Taylor, L. Y. Dyrenforth, and John Lovejoy.

HILLSBOROUGH

The Hillsborough County Medical Society has paid 100 per cent of its State Association dues for 1946. Heading this society are Drs. C. W. Bartlett, president; E. F. Shaver, vice president, and H. G. Cole, secretary-treasurer.

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by Joe Marsh

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A fellow took an aerial photograph of our town, and Dr. Hollister says it makes the place look like Utopia.

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From where I sit, there's a lesson in that photograph. A community's made up of different elements—people as well as landmarks. Some vote one way, some another; some enjoy a glass of beer and others don't. You might think there was a lot of reason for friction.

But it's all in your point of view. Get up high enough—see the community as a whole—and those discords blend together into what we call America—a free, harmonious land. The differences only look big to people who see them from too close!

Joe Marsh

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One Week Course in Thoracic Surgery starting May 13 and June 3.

GYNECOLOGY—Two Weeks Intensive Course starting September 23.
One Week Personal Course in Vaginal Approach to Pelvic Surgery starting June 10 and September 16.

OBSTETRICS—Two Weeks Intensive Course starting September 9.

MEDICINE—Two Weeks Intensive Course starting May 13 and June 17.

ELECTROCARDIOGRAPHY & HEART DISEASE—Two Weeks Intensive Course starting August 5.

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NASSAU

The Nassau County Medical Society has paid 100 per cent of its dues for 1946. Dr. D. G. Humphreys is president, Dr. Warren Brewster, vice president, and Dr. John W. McClane is secretary-treasurer of this society.

PASCO-HERNANDO-CITRUS

The March meeting of the Pasco-Hernando-Citrus County Medical Society was held on the evening of the 14th in the home of Dr. and Mrs. W. Wardlaw Jones, who were hosts at a dinner. The meeting was called to order by Dr. W. H. Walters, president. Interesting case reports were given by Drs. Jones, S. C. Harvard and Walters.

Members present were Drs. J. T. Bradshaw, G. R. Creekmore, S. C. Harvard, W. B. Moon, W. H. Walters and W. Wardlaw Jones.

PINELLAS

The regular dinner meeting of the Pinellas County Medical Society was held at the Essex House in St. Petersburg on the evening of March 1. Dr. J. A. Bradley presented a paper on "Rheumatic Fever."

POLK

The March meeting of the Polk County Medical Society was held in Haines City on the evening of the 20th. It was one of the best attended meetings in the history of the organization. Dr. Benjamin Bond of Winter Haven, recently returned from service as flight surgeon on the aircraft carrier Lexington and later on the Yorktown, was the principal speaker. He showed motion pictures in technicolor which he had made while overseas.

SARASOTA

The members of the Sarasota County Medical Society were guests at the annual meeting of the Sarasota County Tuberculosis and Health Association in March. Dr. R. D. Thompson, medical director and superintendent of the State Tuberculosis Sanatorium, was principal speaker.

WASHINGTON-HOLMES

The Washington-Holmes County Medical Society has paid 100 per cent of its dues for 1946. Dr. N. J. Dawkins is president of the society, and Dr. B. W. Dalton is secretary-treasurer.

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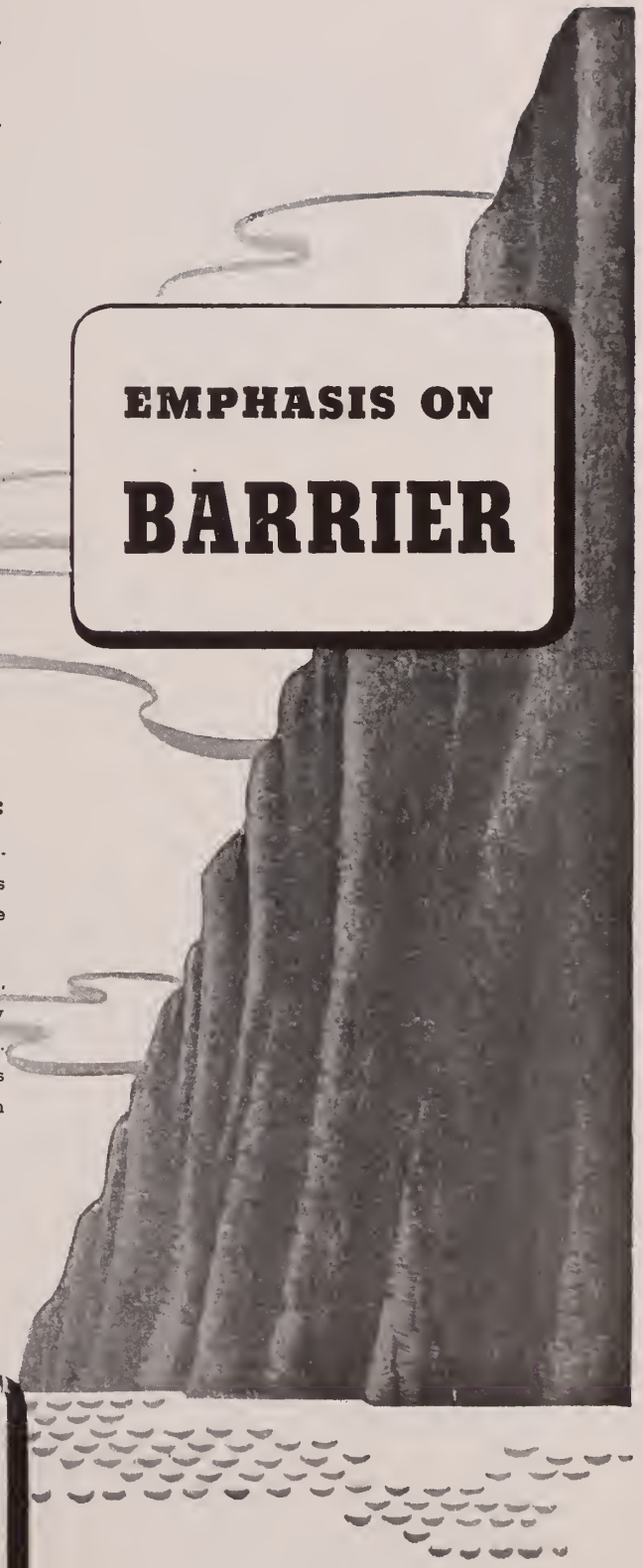
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1. Clinic Reports: Planned Parenthood Services in the United States. Human Fertility 10: 25 (Mar.) 1945.
2. Dickinson, R.L.: Techniques of Conception Control. Baltimore, Williams and Wilkins Co., 1942.
3. Warner, M.P.: J.A.M.A. 115: 279 (July 27) 1940.

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DUVAL COUNTY AUXILIARY

Chaplain E. W. Andrews, U.S.N.R., gave a comprehensive and illuminating talk on the work of a chaplain and his own experiences during an eighteen months' tour of duty in the Pacific area when he spoke to the Auxiliary to the Duval County Medical Society at the meeting held in the home of Mrs. J. G. Lyerly in March.

Chaplain Andrews, who was introduced by Mrs. F. W. Krueger, is a native of Pennsylvania, a graduate of Muhlenberg College and has done additional study at Mount Airey Seminary. He is at present stationed at the Jacksonville Naval Air Station. The speaker pointed out the close relationship between doctor and chaplain in caring for men at war. The work of a chaplain, he explained, concerns not only religious matters but the solving of any problem, no matter how small, that disturbs the men and, in general, caring for their welfare in every way.

During the business meeting conducted by Mrs. S. M. Copeland, president, a gift of $25 was voted to the April Cancer Campaign.

Mrs. Copeland introduced Mrs. Frederick J. Waas, the general chairman for the Woman's Auxiliary at the State Convention of the Florida Medical Association in Jacksonville, April 22 to 24. Mrs. Waas announced plans for the Convention and said she had made a number of appointments of committee chairmen and desired the cooperation of every member.

The following nominating committee was elected: Mrs. J. H. Owens, chairman, Mrs. Nelson Murray and Mrs. Donald Baldwin.

The meeting was concluded with a delightful social hour.

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	SOCIETY	PRESIDENT	SECRETARY	MEETING DATE	MEMBERS Total	MEMBERS Paid	COUNCILOR
A	Bay	Amsie H. Liseuby, M.D. Box 961 Panama City	Martle F. Parker, M.D. Panama City		12	10	
	Escambia *Santa Rosa*	Carol C. Webb, M.D. 24 W. Chase St. Pensacola	Lee Sharp, M.D. 24 W. Chase St. Pensacola	2nd Tuesday 8:00 P.M.	49	20	A-1-46 C. D. Whitaker, M.D. Marianna
	Franklin-Gulf	T. Meriwether, M.D. Wewahitchka	J. R. Norton, M.D. Port St. Joe	3rd Tuesday Odd Months	6	100%	
	Jackson *Calhoun*	D. A. McKinnon, M.D. Marianna	C. A. Adams, Jr., M.D. Marianna	2nd Tuesday 7:30 P.M.	15	100%	
	Walton-Okaloosa	Rhett E. Enzor, M.D. Crestview	A. G. Williams, M.D. Lakewood	3rd Thursday 8:00 P.M.	6	100%	
	Washington-Holmes	N. J. Dawkins, M.D. Vernon	B. W. Dalton, M.D. Vernon	[illegible]	5	100%	
B	Columbia *Baker, Hamilton*	James F. Pitman, M.D. Blanche Hotel Annex Lake City	Thomas H. Bates, M.D. Blanche Hotel Annex Lake City	1st Monday 7:30 P.M.	14	9	A-2-47 G. Wilmont Brown, M.D. Tallahassee
	Leon-Gadsden-Liberty-Wakulla-Jefferson	John L. Williams, M.D. Tallahassee	G. H. Garmany, M.D. 1232 N. Monroe St. Tallahassee	Quarterly 8:00 P.M.	37	31	
	Madison-Suwannee	Eustace Long, M.D. Madison	E. D. Thorpe, M.D. Madison		9	100%	
	Taylor *Dixie, Lafayette*	W. J. Baker, M.D. Foley	C. A. O'Quinn, M.D. Perry	Last Friday 8:00 P.M	4	100%	
	Alachua *Bradford, Gilchrist, Union*	Chester F. Ahmann, M.D. 1043 W. Masonic Gainesville	Stuart D. Scott, M.D. Gainesville	2nd Wednesday 7:30 P.M.	28	19	B-3-46 L. Y. Dyrenforth, M.D. Jacksonville
	Duval *Clay*	F. L. Fort, M.D. 201 Medical Arts Bldg. Jacksonville 4	Leo M. Wachtel, M.D. 352 St. James Bldg. Jackonville 2	1st Tuesday 8:15 P.M.	206	184	
	Marion *Levy*	Thomas H. Wallis, M.D. 104 S. Magnolia St. Ocala	B. F. Drake, M.D. Professional Bldg. Ocala	3rd Wednesday 12:30 P.M.	26	25	
	Nassau	D. G. Humphreys, M.D. Fernandina	John W. McClane, M.D. Fernandina	2nd Wednesday 8:00 P.M.	6	100%	
	Putnam	James W. Brantley, M.D. 502 Reid St. Palatka	B. E. Kane, M.D. Crescent City	2nd Tuesday Even Months 7:00 P.M.	9	7	
	St. Johns	H. E. White, M.D. Box 606 St. Augustine	S. R. Cafaro, M.D. St. Augustine	3rd Tuesday 8:30 P.M.	13	12	
	Brevard	A. F. Thomas, M.D. 416 Brevard Ave. Cocoa	I. K. Hicks, M.D. Melbourne	3rd Wednesday	12	100%	B-4-47 C. McK. Tyre, M.D. Eustis
	Lake *Sumter*	Leroy H. Oetjen, M.D. Leesburg	Matthew Arnow, M.D. Eustis	1st Thursday 12:30 P.M.	15	14	
	Orange *Osceola*	Louis M. Orr, M.D. 311 Exchange Bldg. Orlando	Albert C. Kirk, M.D. 823 E. Colonial Dr. Orlando	3rd Wednesday 8:00 P.M.	102	97	
	Seminole	Orville L. Barks, M.D. Sanford	Frank L. Quillman, M.D Box 158 Sanford	2nd Tuesday 5:30 P.M.	13	12	
	Volusia *Flagler*	Evans B. Wood, M.D. Box 5295 Daytona Beach	R. L. Miller, M.D. 258½ S. Beach St. Daytona Beach	2nd Tuesday 7:30 P.M.	46	35	
C	Hillsborough	C. W. Bartlett, M.D. 310 1st Natl. Bk. Bldg. Tampa 2	H. G. Cole, M.D. 520 Citizens Bldg. Tampa 2	1st Tuesday 8:00 P.M.	116	100%	C-5-47 W. Wardlaw Jones, M.D. Dade City
	Manatee	Willett E. Wentzel, M.D Professional Bldg. Bradenton	William D. Sugg, M.D. Bradenton Bk. Bldg. Bradenton	3rd Tuesday 7:00 P.M.	12	100%	
	Pasco-Hernando-Citrus	W. H. Walters, M.D. Lacoochee	G. R. Creekmore, M.D. Brooksville	2nd Thursday 7:00 P.M.	12	10	
	Pinellas	A. M. Feaster, M.D. 166 4th Ave., N.E. St. Petersburg 4	W. C. McConnell, M.D. 313 First Federal Bldg. St. Petersburg 4	1st and 3rd Fridays 6:30 P.M.	113	110	
	Sarasota	Stanley T. Martin, M.D. Box 551 Sarasota	J. M. Butcher, M.D. 209 Commercial Court Sarasota	2nd Tuesday 8:30 P.M.	21	7	
	DeSoto-Hardee-Highlands-Charlotte-Glades	L. W. Martin, M.D. Sebring	Gordon H. McSwain, M.D. Arcadia		21	100%	C-6-46 Edgar Watson, M.D. Lakeland
	Lee *Collier, Hendry*	A. L. Girardin, M.D. 212 Richards Bldg. Fort Myers	C. G. Merrick, M.D. 26 Leon Bldg. Fort Myers	3rd Tuesday 7:30 P.M.	20	17	
	Polk	Benjamin J. Bond, M.D. Coker Building Winter Haven	Edgar Watson, M.D. Box 1021 Lakeland	2nd Wednesday 1:00 P.M.	64	54	
D	Palm Beach	Guy W. Heath, M.D. 409 Harvey Bldg. W. Palm Beach	William H. Weems, M.D 410 Citizens Bldg. W. Palm Beach	3rd Monday 8:00 P. M.	69	59	D-7-46 William Y. Sayad, M.D West Palm Beach
	St. Lucie-Okeechobee-Indian River-Martin	W. F. Davey, M.D. Box 475 Stuart	Adrian M. Sample, M.D. Box 176 Ft. Pierce	3rd Thursday 8:00 P.M.	16	14	
	Broward	Francis D. Pierce, M.D. 406 Blount Bldg. Ft. Lauderdale	F. Leslie Snyder, M.D. 315 Sweet Bldg. Ft. Lauderdale	4th Tuesday 8:00 P.M.	49	47	D-8-47 E. M. Hendricks, M.D. Ft. Lauderdale
	Dade	J. W. Snyder, M.D. 402 Huntington Bldg. Miami 32	George C. Austin, M.D. 140 N. W. 59th St. Miami 38	1st Tuesday 8:30 P.M.	363	112	
	Monroe	James B. Parramore, M.D 523 Whitehead St. Key West	A. H. Hamilton, M.D. 611 Fleming St. Key West	2nd Thursday 8:00 P.M.	7	4	

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*Frazer, J. G.: The Golden Bough, vol. 1, New York, Macmillan & Co., 1923



It is ironical that the practice of attempting to cure rickets by holding the child in the cleft of an ash tree was associated with the rising of the sun, the light of which we now know is in itself one of Nature's specifics.

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Vol. XXXII JUNE, 1946 No. 12

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John R. Boling

Convention Proceedings

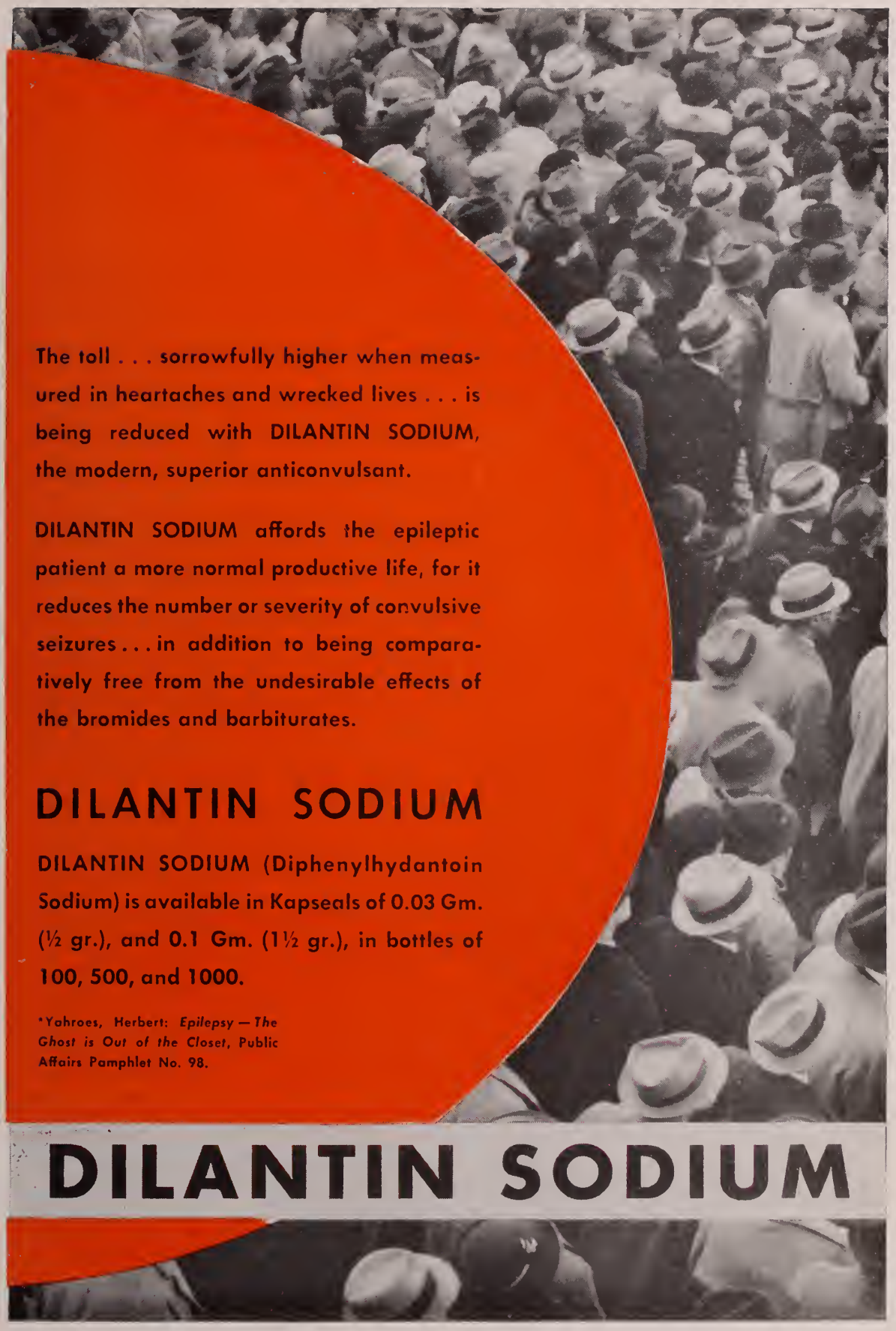
Committees of the Association
Shaler Richardson

Program of Graduate Short Course

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*Yahroes, Herbert: *Epilepsy — The Ghost is Out of the Closet*, Public Affairs Pamphlet No. 98.

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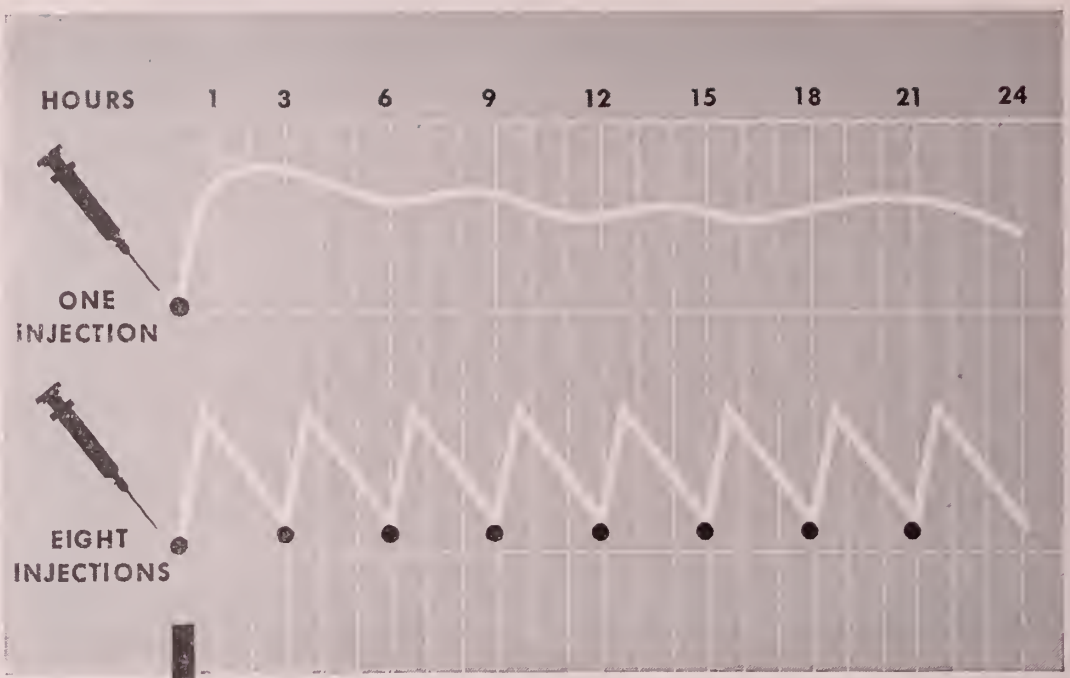
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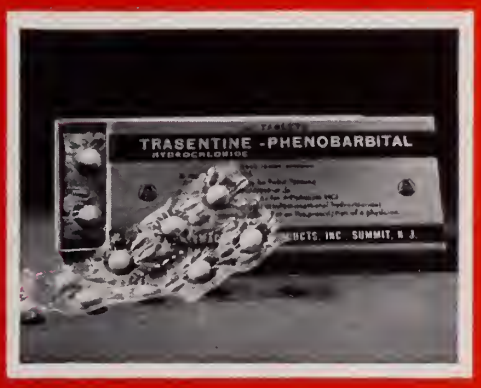
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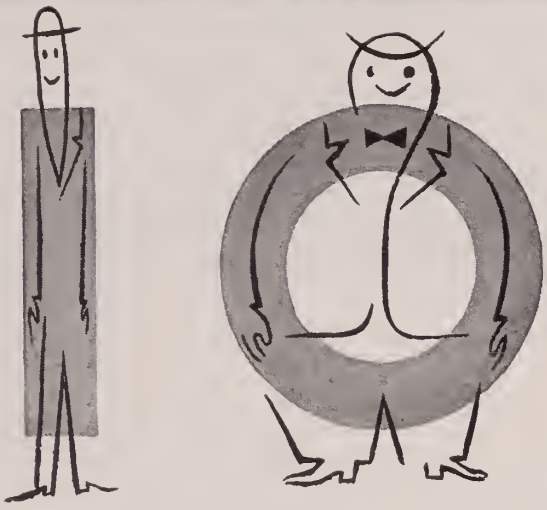
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1. Handbook of Nutrition, Chicago A.M.A., 1943, p. 557.

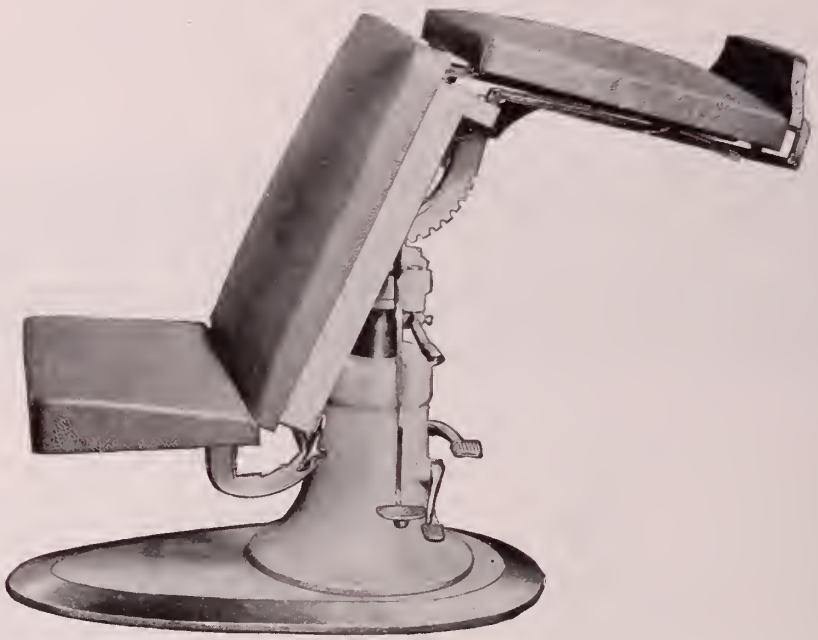
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*Strean, L.P. and Beaudet, J.P.: New York State J. Med., 45:2183 (Oct. 15) 1945.

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1. Clinic Reports: Planned Parenthood Services in the United States. Human Fertility 10: 25 (Mar.) 1945.
2. Dickinson, R.L.: Techniques of Conception Control. Baltimore, Williams and Wilkins Co., 1942.
3. Warner, M.P.: J.A.M.A. 115: 279 (July 27) 1940.

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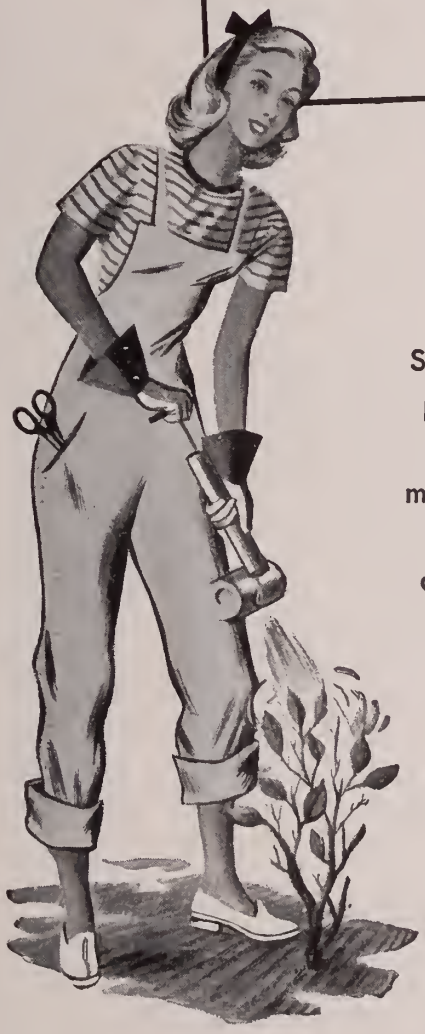
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1. Freed, S. C., and Greenhill, J. P. (1941), J. Clin. Endocrinol., 1:983, December.

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**Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154*
Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60
Proc. Soc. Exp. Biol. and Med., 1934, 32, 241
N. Y. State Journ. Med., Vol. 35, 6-1-35, No. 11, 590-592.

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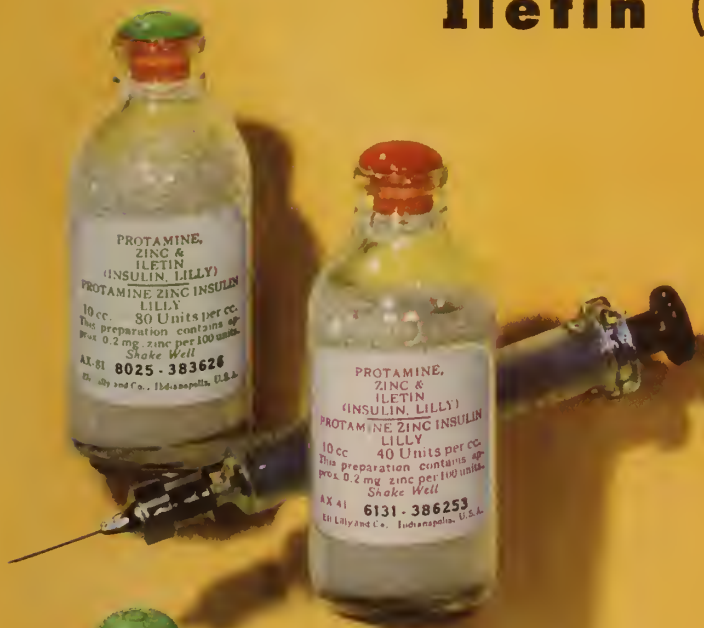
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The tempo of medical progress, always rapid, has been accelerated to a marked degree during the last few years. New discoveries and developments have been most revealing.In the practice of medicine, the old is never good enough if the new is better. Medical meetings are essential to better understanding, better health, and better medical care. The physician owes it to himself and to his patients to attend whenever possible.

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THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION
PUBLISHED MONTHLY

Volume XXXII | Jacksonville, Florida, June, 1946 | No. 12

PRESIDENT'S ADDRESS

JOHN R. BOLING, M. D.
TAMPA

It is fitting to begin this address by welcoming home the many members of the Association who have been away because of the war. Most of those who did not go into military service this time can remember just such an occasion as this when they were welcomed home from the first World War. It has taken twenty-eight years for me to appreciate the sincerity of the speaker when he said, as I say to you now, "We welcome you, we are glad you are back, and we thank God for your safe return."

It has been a great honor to serve as president of the Association for the last two years. Credit for the many worth while accomplishments of this period goes to the committees and not to me. While the many duties of the office take a considerable amount of one's time, during my tenure of office they have never become a burden.

I wish to acknowledge the great help given me by Dr. Stewart G. Thompson, Managing Director. He has through his constant aid and advice prevented me from making any very serious blunders. His wide knowledge of the affairs of the Association and his never failing willingness to be of assistance have to me been a great source of satisfaction.

The last few years have been momentous and busy ones for all of the members of the Association. During this period radical changes have taken place in the lives of many of us. Those who have been in the armed forces have to a great degree lost direct contact with the activities of the local, state and national medical societies. Many of us who have remained at home have been too busy to keep in close contact. Despite the war, or probably because of it, great changes in the national medical setup are contemplated.

It is my purpose in this address to acquaint you with the activities of our state society in so far as they concern you directly and also as they fit in with the national pattern. Moreover, it will, I hope, be of interest to you to hear of the state of the nation in its relation to medicine.

Delivered before the Seventy-Second Annual Meeting of the Florida Medical Association, Jacksonville, April 22, 1946.

As you know, the present officers of the Association have been in office since the 1944 meeting in St. Petersburg. This prolonged incumbency was necessary because the government in 1945 placed a ban on public gatherings, and there are no provisions in the constitution and by-laws of the Association for changing officers except by election. The district meetings were discontinued until October of last year because of travel difficulties. It has, therefore, been impossible for the officers to have as close contact with the members as before. This limitation I have personally regretted.

To the Board of Governors, headed by Dr. William M. Rowlett, the Association is deeply indebted for the burden it has borne these last two years. The members, coming from all sections of the state at their own expense, have met many times to carry on the business of the Association. We all appreciate their devotion and great sacrifice at a time when the pressure of their personal responsibilities was exceedingly heavy.

The work of the various standing committees has been carried on as usual. Because of the nature of their assignments, some of the committees have of necessity been more than ordinarly active and others less so during these war years. To the Committee on Legislation and Public Policy, headed by Dr. Harold D. Van Schaick, I desire especially to extend the thanks of the Association. Dr. Van Schaick, who has had wide experience in medical legislation, devoted his entire time during the last session of the state legislature to the interests of the Association. You can appreciate the vast amount of work entailed when I tell you that besides the many bills detrimental to the public that were defeated, there were twenty-two bills or amendments passed which were in some way related to medicine. Many of these were particularly important, such as bill 883 regarding prepaid hospital and medical service and bill 724 regarding a survey of hospital needs. All of these bills required much study, and there is no one in the Association, so far as I know,

who is so well fitted for this task as Dr. Van Schaick.

The Committee on War Participation and especially Dr. Edward Jelks, its chairman, deserve the highest commendation for the efficient and faithful service rendered. As you know, Dr. Jelks has devoted an enormous amount of time to the work of this committee and as head of the Procurement and Assignment Service has given unstintingly of time and effort to do an excellent piece of work, one that has required a fine mind and much backbone. To Dr. Jelks and his committee I extend the Association's gratitude and my sincere personal appreciation.

To the Committee on Scientific Work, of which Dr. Herbert E. White is chairman, we are obligated for the excellent scientific program. To Dr. White and his committee I desire to express the Association's thanks and my personal gratitude.

We are likewise indebted to the Editor of the Journal, Dr. Homer L. Pearson, for his excellent work with the periodical which is the voice of the Association.

At the 1944 meeting you directed that a committee be appointed to study and present a prepaid medical service plan. The committee is composed of Dr. Leigh F. Robinson, Chairman, Dr. Walter C. Jones and Dr. Edward Jelks. They have worked hard for two years studying many plans that have been tried in other states, sifting through innumerable articles written on the subject and holding dozens of meetings. All of this work was done when they were overwhelmed with their own personal work. As a result of their efforts, they have formulated a Medical Service Plan, had the necessary legislation passed, obtained a charter, established an organization and borrowed the necessary money from you; they are now ready to present the plan to the public. You asked for this plan; it is yours, not that of any individual group. It will directly or indirectly benefit all of us because it is of benefit to the people. I will not go into this Medical Service Plan at this time because it will be presented in detail by Dr. Robinson's committee. I do, however, want to emphasize the fact that this committee has had and has completed one of the most arduous tasks ever given any committee in the history of the Association.

To Dr. Turner Z. Cason and his Committee on Medical Postgraduate Course the Association extends its thanks for the fine work done with the postgraduate course during these last two years, which have been especially trying because of the war. In spite of the difficulties encountered, the courses have been well attended and well worth while.

If time allowed, I should like to mention individually all of the other committees, for the members have served faithfully and well under able leadership. These committees have prepared their reports for the House of Delegates, and to them I extend the sincere thanks of the Association.

To all of the officers I wish to express genuine appreciation personally and on behalf of the membership. It has been a pleasure to serve with them, and their cooperation and guidance have been invaluable.

NATIONAL SITUATION

There has been for many years talk of government-controlled medicine in some form. During the last two years the plan has become more than talk. Many bills concerning this matter have appeared before the Congress. Senator Robert Wagner has presented several such bills. His latest bill, S. 1606—National Health Act of 1945, better known as the Wagner-Murray-Dingell bill, is to be presented this month. Senator Claude Pepper is, too, presenting a bill on maternal and child welfare. President Truman in a recent address advocated compulsory insurance. All of this present activity fits into the picture that has been forming for years.

Probably the greatest single cause for the sudden interest in the health of the nation lies in the selective service classification of 4,217,000 draftees as 4F because of some physical or mental disability. On first thought, this number would seem to point to an astounding deficiency in medical care, but when one goes deeper into the subject, the picture changes. Dr. L. S. Goin of Los Angeles broke this huge figure down somewhat after this fashion: Of the total number rejected, 448,800 were blind, deaf, legless, armless, or the like. In addition, 1,293,800 were turned down because they were imbeciles, idiots or morons, or had some other mental deficiency; and 320,000 were unacceptable because of muscular skeletal defects. These make a total of 2,062,600. In this group there is probably little that could have been changed under any form of medicine. Besides, there were 280,000 syphilitic persons rejected. Surely no nation in the world offers as

great an opportunity for the care of venereal disease as does this one with its extensive educational programs and innumerable free clinics. It cannot be because of ignorance or lack of the opportunity for information and treatment that syphilis is this prevalent.

Also, 160,000 were rejected for visual defects. As Dr. Goin stated, these were unfit for military service because they were born with eyeballs too long or too short, defects that can only be corrected by lenses. I know of no health insurance plan that would change this cause for rejection. So, of the original 4,217,000 there remain 1,714,400, a vastly different number. Too, it is of interest to note that the rejection rate for the Army in this country was 38 per cent while in England it was 50 per cent. This difference existed despite the fact that physical requirements were higher here than there, and England has socialized medicine.

While I do not believe the Wagner-Murray-Dingell bill nor the bill proposed by Senator Pepper will pass this year, I firmly believe that unless the medical profession shows more interest in what the legislators in Washington are doing, some such legislation will be passed in the next five years. I am sure the medical profession realizes the need of wider medical care, but I am sure, too, that it takes more than the passage of a law such as bill S. 1606 to provide it. The hospital and prepaid medical insurance plans now established throughout the nation, while inadequate and still far from developed, can provide better care than the government. These plans are making steady progress. The Blue Cross Plan now covers about 19,000,000 people; voluntary sickness plans cover about 30,000,000 people. Of course, we realize that they do not cover nearly enough of the total population, nor in many instances is the coverage sufficient. But the progress made is at least encouraging and shows that something concrete is being done. The government has had considerable experience in the practice of medicine since the last war in the care of the veterans in the veterans' hospitals. I do not believe that the record of this experience can be pointed to with much pride. General Paul Hawley, who is now in charge of the veterans' hospitals, is determined to give the veterans adequate medical care. He is making a fine effort to do so, and I believe he will meet with success. In order to accomplish this objective, he has, however, found it wise to call on civilian physicians and hospitals to furnish a great part of this care.

I wonder how many of you have read the Wagner-Murray-Dingell bill. I should like briefly to mention some of its high points. The bill is divided into two parts. *Title I—Grants to States for Health Services* deals with grants for Public Health Services, Maternal and Child Health Services and Medical Care of Needy Persons. This part of the bill, with a few minor changes, the medical profession will support. For the betterment of the people, *Title II—Prepaid Personal Health Service Benefits* is objectionable because under this setup there will be bureaucracy under one man such as this nation has never known.

Under this law, should the bill be enacted into law, one man, the Surgeon General of the Public Health Service, who is appointed by the President of the United States, would have the power and authority to (1) employ physicians and establish rates of pay for all physicians, (2) establish fee schedules for all services, (3) establish qualifications for specialists, (4) determine the number of persons for whom any physician may provide service and (5) determine arbitrarily what hospitals or clinics may provide service for patients. These and other provisions are so sweeping that they might easily destroy the entire system of American medical care.

The Surgeon General of the United States would become a virtual medical dictator. He and his appointed assistants, bureaucrats whose number would be legion, would have the power to dispense favors far beyond anything ever known in this country. In addition, the bill provides that a person shall be allowed to select his physician, or to change such selection, only in accordance with rules laid down by the Surgeon General. Also, services deemed to be specialist services would be those so designated by the Surgeon General.

Payment to physicians under the provisions of this bill may be made (1) according to a fee schedule set out by the Surgeon General, (2) on a per capita basis, the amount to be fixed in accordance with the number of cases on the physician's list, (3) on a salary basis, for whole or part time service, and (4) on a combination or modification of these bases as worked out by the Surgeon General. Specialists may be paid on the

basis of salary for whole or part time service on the per session, fee for services, per capita or other basis, or combinations. The Surgeon General may prescribe the maximum number of patients for whom any physician is permitted to provide service and may distribute the available patients among the available physicians on a pro rata basis.

It must be evident to anyone familiar with the practice of medicine that such a bill would inevitably create conditions that would lead to the deterioration of medical care and medical skill. Under this bill the incentive to study and improve one's knowledge of medicine would be lost to a great degree. In spite of the assertion that there would be free choice of physicians under this bill, that interpretation is to a great extent fallacy.

The Pepper bill provides care for the mother and her child until the child is twenty-one years of age. While it is not as complete as the Wagner-Murray-Dingell bill, the provisions are nevertheless extensive.

There seems to be a feeling among the politicians that the passage of such a bill as S. 1606 would place all types of medical care within the immediate reach of all the people. To be a specialist, a physician must necessarily see a great number of cases of the type he is particularly trained to treat and he must see them day in and day out in order to remain proficient. In the sparsely populated areas this opportunity can never be available. In the future, under any system that may be devised, the people of the outlying districts, as now, must always go to a more densely populated area where the specialists are.

There is no provision in either of these bills for the money to carry them out. It is estimated that bill S. 1606 would require four billion dollare a year. Who can tell what it would cost? When Germany instigated this type of medical care, the sickness rate went up 200 per cent. The reason for this great increase was, of course, that so many took advantage of disability compensation. What would happen here no one knows.

CONCLUSION

It is strange to me that the very persons who say the medical profession of this country is the best in the world are not willing to believe that the members of this profession are qualified to solve the problems of medical care. I am convinced now, and my opinion will be the same in the future, that the medical profession will always be better able to provide medical care for all the people than any politicians in Washington.

The challenge confronts us. As I leave the office with which you have honored me, I am persuaded that we in Florida will do more than our part to meet it adequately.

First National Bank Building.

THE SOUTHERN MEDICAL ASSOCIATION

WILL HOLD ITS ANNUAL MEETING

IN MIAMI - - - - NOVEMBER 4-7, 1946

PROCEEDINGS
Seventy-Second Annual Meeting
of the
FLORIDA MEDICAL ASSOCIATION
HELD AT JACKSONVILLE
APRIL 22, 23, and 24, 1946

GENERAL SESSIONS

FIRST GENERAL SESSION

The Seventy-second Annual Meeting of the Florida Medical Association was called to order at 1:30 p. m., Monday, April 22, in the Ballroom of the George Washington Hotel, Jacksonville, by President John R. Boling.

Invocation by Luther M. Cole, Lieut. Commander (ChC), USNR, Senior Chaplain U. S. Naval Hospital, Jacksonville.

Dr. Frank L. Fort, president of the Duval County Medical Society, was introduced and gave the address of welcome.

Dr. W. C. McConnell first vice president, took the chair and called on Dr. John R. Boling to deliver the presidential address. (See page 649).

Dr. McConnell relinquished the chair and turned the gavel over to President Boling.

The following report of the secretary-treasurer and managing director was read by Dr. McIver:

REPORT OF SECRETARY-TREASURER, DR. ROBERT B. McIVER, AND MANAGING DIRECTOR, DR. STEWART THOMPSON

Mr. Chairman, Members of the Association and Guests:

Last year's annual meeting was canceled because of the ban on all conventions to be attended by more than fifty persons. It has, therefore, been two years since a report was presented. The financial statements for the fiscal year 1944 to 1945 were published in the June 1945 Journal, so will not be included in this report.

The activities of your Association are continually expanding and the membership steadily increasing. The membership on Jan. 1, 1946, totaled 1,484 which, compared with 1,452 for the previous year, represents a net gain of 32. The Dade County Medical Society headed the list with 363 members; the Duval County Society had 201; the Hillsborough County Society, 115, and the Pinellas County Society, 111.

WITH ARMED FORCES

When this report was prepared, there were only 138 members still in service. The number separated from service was 348, making a total of 486 members who answered the call. In all, 1,008 physicians holding Florida licenses (including members of the Association) joined the Armed Services. This is a joyous occasion, when we welcome back so many of our members at the first unrestricted meeting of the Association held in many years.

MEDICAL DIRECTORY

Our Association has compiled and published a Florida Medical Directory annually for the last nine years. Its value is demonstrated by the increased number of calls for each new issue. It is a reference book especially for our members, but is also used by many others who have need of the published information. The names of all doctors of medicine who hold licenses to practice in Florida are listed. There is also a complete list of the membership of each county society with local addresses which is of value to those who wish to communicate with any or all members of the Association. As a copy of the Directory is annually mailed to each member of the Association free of charge, it is not necessary to review its contents more fully.

The revenue from advertising and sales amounted to more than $1,400 for the 1946 issue. This covered the printing costs and furnished a sizable amount to be applied to the expense of keeping the records, compiling the copy, proofreading and mailing. With the approval of the Board of Governors, the Woman's Auxiliary cooperated in soliciting advertising, and the ladies from three counties sent in advertisements totaling $619. A 20 per cent commission is allowed the Auxiliary, and we understand this revenue is used for their scholarship project. This is only one of the many evidences of the splendid work done by the Woman's Auxiliary.

JOURNAL

Dr. Homer L. Pearson, the editor, sets all policies for the Journal, and at his request the routine work has been handled through the headquarters office in Jacksonville. For the last two years, the major problems have been to secure paper stock and to struggle with a shortage of help at the printing plant. The Journal has, however, been mailed every month in spite of the many difficulties encountered. Considerable work has been done to increase the advertising and to encourage the use of extra colors. In May 1944 six advertisers used color; in August 1945 there were seventeen. Since then the average has been thirteen. Color advertising is not only attractive but increases the revenue as there is an extra charge for each color. The circulation is steadily increasing; we are now ordering 500 more Journals than were needed two years ago.

ASSOCIATION OFFICE

The personnel of your office has assisted the officers of the Association, the regular committees, the Council and many members as the opportunity was afforded. There have been changes in personnel and the work has increased tremendously. The load on the mimeograph is heavier; keeping the record of doctors going in and out of service entails many extra changes of address; more work than usual has been done for special committees. All these factors contributed to the increase in the work of the office. When all medical officers have returned, lightening the practice of the doctors who remained at home, members will be able to devote more time to the Journal. We hope to secure the necessary office help to get back into a normal swing that will keep the work up to a proper standard without so much worry and confusion.

FINANCES

The financial statements appearing at the end of this report will be published in full. Receipts during the fiscal year totaled $31,032.21; disbursements were $26,063.93, which shows a balance of $4,968.28. This balance, however, cannot be taken at face value. Since no annual meeting was held last year, state dues for many members were not received before March 21, 1945, when the books were closed. As a result, $3,230 in back dues were collected and included in this fiscal statement. Furthermore, such expenses as office rent, paper stock, printing, postage and salaries will be very much increased during the coming year.

For the benefit of members who do not study the financial statements, the following brief review of the Association's finances is given.

Revenue was largely received from the following sources: dues and entrance fees, $14,560; earnings from the Journal and Medical Directory, $14,000.52; interest on savings and investments, $325.49; rental of technical exhibit spaces, $2,085.

Expenditures during the year included: General expenses, $11,472.57; printing the Journal and Directory, $10,625.65; to entertaining society, $834; committee expenses, $2,256.35; furniture and fixtures, $463.64.

Special effort has been put forth to increase the revenue of the Association and to operate at the lowest possible cost. The books and records of the Association are open to our members and we will be glad to answer inquiries of any nature as far as possible. The books have been audited by Charles H. Goodrich, certified public accountant, and a certification thereof is incorporated in the statements which follow.

Respectfully submitted,

Robert B. McIver
Stewart Thompson

Dr. Robert M. McIver — Apr. 17, 1946
Secretary-Treasurer
Florida Medical Association
Jacksonville, Florida
Dear Sir:

In compliance with request of Stewart G. Thompson, Managing Director, I have examined the attached statements of Receipts and Disbursements of the Florida Medical Association, Inc., which were furnished for the period March 21, 1945, to and including March 29, 1946, together with the accompanying Exhibits "A" to "E", inclusive, and the Consolidated Cash Statement.

These statements have been found in agreement with the books of account of the Association and correctly reflect the cash transactions for the period.

All receipts covering cash collections were traced to the bank deposits and all bank balances have been reconciled with the books of account and independently verified by the depositories.

Cancelled checks covering disbursements were checked to the records, found in order and appeared to be for proper purposes.

War Bonds of a maturity value of $20,325.00 were verified by inspection, and Treasury bond of a face value of $10,000.00 was verified as being with the Atlantic National Bank, as Custodian.

Income from advertising in the Association's Journal was verified substantially by comparison with records.

On account of the inaccessibility of the records of the various County Societies, no attempt was made to verify remittances for dues.

Yours very truly,

Charles H. Goodrich
Certified Public Accountant

CONSOLIDATED CASH STATEMENT

March 21, 1945 through March 29, 1946

Receipts

Cash in Bank, March 21, 1945		$15,221.52
Dues and Entrance Fees Collected (Exhibit "D")	$14,560.00	
Earnings from Advertising (Exhibit "E")	13,314.99	
Subscription and Misc. Sale of Journal and Directory (Exhibit "E")	685.53	
Interest on Savings and Investment	325.49	
Miscellaneous Income	61.20	
Earnings from Technical Exhibits (Exhibit "C")	2,085.00	31,032.21
Total Cash to be Accounted for		$46,253.73

Disbursements

General Fund Expenses (Exhibit "A")	$11,472.57	
Journal and Directory Expenses (Exhibit "B")	10,625.65	
Technical Exhibit Expenses (Exhibit "C")	121.20	
Committee Expenses (Exhibit "A")	2,256.35	
Federal Tax	102.34	
Library	23.38	
Furniture and Fixtures	463.64	
To Woman's Auxiliary (Commission on Advertising)	164.80	
To Entertaining Society (Duval)	834.00	26,063.93
Balance in Bank, March 29, 1946		$20,189.80

ASSETS AND LIABILITIES

March 29, 1946

Assets

Cash in Fla. Natl. Bank Checking Acct.	$17,620.20
Cash in Barnett Natl. Bank Checking Acct. (Postgraduate Course Commmittee Acct.)	1,152.81
General Fund—Accounts Receivable	1,570.00
Journal & Directory—Accounts Receiv.	950.02
Furniture, Fixtures & Equipment (less depreciation)	1,237.79
Library	880.55
Stationery Inventory	818.11
Savings: Atlantic National Bank	759.87
Barnett National Bank	1,809.73
Investments: Treasury Bond	10,178.13
War Savings Bonds	15,040.50
	$52,017.71

Liabilities

Postgraduate Course Committee	$ 1,152.81
Capital Account	50,864.90
	$52,017.71

EXHIBIT "A"

CASH STATEMENT—GENERAL FUND
March 21, 1945 through March 29, 1946

Receipts

Cash as per last audit		$15,221.52
Back Dues Collected (Exhibit "D")	$ 3,230.00	
Current Dues Collected (Exhibit "D")	10,410.00	
Entrance Fees Collected (Exhibit "D")	920.00	14,560.00
Interest on Savings and Investment		325.49
Miscellaneous Income		61.20
From Journal Fund (Income above Cost)		3,210.07
From Exhibit Fund (Income above Cost)		1,129.80
Total Cash to be Accounted for		$34,508.08

Disbursements

Postage and supplies	$ 427.42		
Telephone and Telegraph	104.49		
Salaries*	9,059.93		
Traveling Expense	424.13		
Delegates' (2) Transp. to Chicago	204.78		
Legal Counsel	100.00		
Office Rent	900.00		
Towel Service	15.00		
Auditing Books	17.50		
Messenger Service	45.05		
Express and freight	.90		
Bank Exchange	2.52		
Custody of Bonds	10.00		
Clipping Service	60.00		
Treasurer's Bond	18.75		
Employer's Liability Insurance	14.00		
Subscription—Times-Union	15.60		
Repair & Serv.-Furn., Fix. & Equip	5.25		
Incidental	7.25		
Rental—Safety Deposit Box	15.00		
Conference of Presidents	25.00	11,472.57	
Committees:			
Council	57.32		
Board of Governors	43.18		
Legislation & Public Policy	1,979.05		
Medical Service	114.26		
Scientific Work	18.54		
Miscellaneous Committee Expense	44.00	2,256.35	
Federal Tax		102.34	
Furniture and Fixtures		463.64	
Library		23.38	14.318.28
Cash Balance			$20,189.80

*Total Salaries. Income tax deducted from this amount and paid to Collector of Internal Revenue.

EXHIBIT "B"

CASH STATEMENT—JOURNAL AND DIRECTORY FUND
March 21, 1945 through March 29, 1946

Receipts

Cash as per last audit		0.00
Earnings from Advertising (Exhibit "E")	$13,314.99	
Subscriptions & Misc. Sale (Exhibit "E")	685.53	14,000.52
To be Accounted for		$14,000.52

Disbursements

Postage and Supplies	$ 275.50		
Printing and Stock	6,841.03		
Telephone & Telegraph	228.01		
Salaries*	3,112.57		
Dray, Freight & Express	41.34		
Auditing Books	17.50		
Photostats and Legal Copies	2.00		
Treasurer's Bond	18.75		
Cuts & Repair of Cuts	54.09		
Addressograph Service & Repair	20.86		
Incidental	14.00	10,625.65	
To Woman's Auxiliary (Commission on Adv. for Directory)		164.80	
To General Fund (Income above Cost)		3,210.07	14,000.52
Cash Balance			$ 0.00

EXHIBIT "C"

CASH STATEMENT—EXHIBIT FUND
March 21, 1945 through March 29, 1946

Receipts

Cash as per last audit	$ 0.00
Earnings from Technical Exhibits	2,085.00
To be Accounted for	$2,085.00

Disbursements

Convention Expense:			
Telephone & Telegraph	$10.00		
Floor Plan and Electrotype	2.50		
Printing and Photostats	19.70		
Badges	87.00		
News Service, Cuts & Mats	2.00	$ 121.20	
To Entertaining Society (Duval)		834.00	
To General Fund (Income above Cost)		1,129.80	2,085.00
Cash Balance			$ 0.00

EXHIBIT "D"

DUES AND ENTRANCE FEES COLLECTED MARCH 21, 1945 THROUGH MARCH 29, 1946

Name of Society	Total Members	No. Paid Members	No. In Arrears	1946 Dues Collected	Back Dues Collected	Entrance Fees
Alachua	29	22	7	130.00	60.00	10.00
Bay	12	10	2	70.00	70.00	10.00
Brevard	12	12	0	80.00	40.00	10.00
Broward	49	47	2	380.00	30.00	40.00
Columbia	14	9	5	70.00		
Dade	367	297	70	2,250.00	1,210.00	270.00
DeSoto-Hardee-Highlands-Charlotte-Glades	21	21	0	170.00		20.00
Duval	205	191	14	1,370.00	110.00	100.00
Escambia	49	46	3	400.00	30.00	10.00
Franklin-Gulf	6	6	0	50.00	50.00	
Hillsborough	117	114	3	840.00	130.00	80.00
Individuals	3	0	3			
Jackson	15	15	0	120.00	100.00	20.00
Lake	15	15	0	130.00	100.00	
Lee	20	18	2	150.00		10.00
Leon-Gadsden-Liberty-Wakulla-Jefferson	37	31	6	250.00	290.00	10.00
Madison-Suwannee	9	9	0	50.00	50.00	20.00
Manatee	12	12	0	100.00		
Marion	26	25	1	180.00		20.00
Monroe	8	7	1	50.00		
Nassau	6	6	0	50.00	50.00	
Orange	102	97	5	650.00	30.00	50.00
Palm Beach	69	66	3	620.00	20.00	50.00
Pasco-Hernando-Citrus	12	10	2	80.00		10.00
Pinellas	113	110	3	920.00		40.00
Polk	64	54	10	410.00	300.00	20.00
Putnam	8	7	1	70.00	10.00	
St. Johns	14	12	2	80.00	60.00	20.00
St. Lucie-Okeechobee-Indian River-Martin	16	14	2	90.00	130.00	
Sarasota	21	21	0	130.00	120.00	30.00
Seminole	13	12	1	100.00	70.00	10.00
Taylor	4	4	0	30.00		
Volusia	45	36	9	250.00	170.00	60.00
Walton-Okaloosa	6	6	0	50.00		
Washington-Holmes	5	5	0	40.00		
Totals	1,524	1,367	157	10,410.00	3,230.00	920.00

		3,230.00	Back Dues Collected
		13,640.00	Total Dues Collected
		920.00	Entrance Fees Collected
		$14,560.00	Dues and Entrance Fees

Dues Not Payable		
Co. Soc. Secys.	29	
Life & Honorary	64	
Military Service	233	
		325
Paying dues		1,041

EXHIBIT "E"

EARNINGS FROM SALES OF AND ADVERTISING IN JOURNAL AND DIRECTORY

March 21, 1945 through March 29, 1946

Month	Sales	Advertising
April, 1945	$ 5.60	$ 889.42
May	12.00	778.94
June	6.00	705.28
July	31.50	1,001.25
August	21.10	1,072.42
September	10.80	1,010.10
October	11.80	975.26
November	18.65	900.99
December	11.90	1,015.06
January, 1946	18.00	271.79
February	34.18	1,087.05
March	34.00	2,087.49
	215.53	11,795.05
Directories (S. B. H.)	470.00	
Refund (A. M. A.)		1,519.94
Totals	$685.53	$13,314.99

EMERGENCY FUND—(Memorandum No. 9)

(Taken from Treasurer's Financial Statement)
March 21, 1945 through March 29, 1946

Debit

Balance on Hand, March 21, 1945 (overdraft) (Memorandum No. 8)		$128.78
Back Dues Collected (Exhibit "D") $3,230.00 (323 members at $2.50)	$ 807.50	
Current Dues Collected (Exhibit "D") $10,410.00 (1041 members at $2.50)	2,602.50	3,410.00
To be Accounted for		$3,281.22
Less Amount Reserved for Working Budget and Expended		1,500.00
Balance		$1,781.22

Credit

Committee Expenses:		
Council	$ 57.32	
Board of Governors	43.18	
Legislation & Public Policy	1,979.05	
Medical Service	114.26	
Scientific Work	18.54	
Miscellaneous Committee Expense	44.00	2,256.35
Balance (Overdraft)		-$ 475.13

MEDICAL POSTGRADUATE COURSE—IV

March 21, 1945 Through March 29, 1946

Receipts

Cash as per last audit		$ 978.79
Registration Fees, 1945 Postgraduate Course (142 at $5.00)		710.00
To be Accounted for		$1,688.79

Disbursements

Faculty Honoraria and Expenses:			
Dr. E. A. Stead	$118.35		
Dr. R. L. Sanders	170.00		
Dr. Howard Payne	75.00		
George Washington Hotel	37.63	$ 400.98	
Attendant at Registration Desk		25.00	
Stenographer's Salary		100.00	
Postage		10.00	535.98
Balance in Bank			$1,152.81

This report was referred by the president to Reference Committee No. 3, Finance and Administration.

The following report of the Editor of the Journal was read by Dr. Homer L. Pearson:

REPORT OF EDITOR

Since there was no annual meeting of the Association held last year this report will cover a two-year period. When we were elected to the Editorship of the Journal two years ago in St. Petersburg, we felt with many others of you, that we would not be able to do the job. With many of you we still feel the same way. However, considering the many handicaps under which it was necessary for us to operate we are glad to report that we have delivered to you a Journal each month which has maintained its high standard of readable material and dignity. All policies have been set with the realization that the Journal is financed by the members of the Association and is, therefore, to reflect the wishes of the membership. It is your Journal and will be just as good as you make it. It is an outlet primarily for original articles of our members. In normal times all original articles published are by members. Because of the war effort there was a scarcity of original articles and, therefore, occasionally there was a shortage of articles submitted by members and we accepted guest articles for publication.

ORIGINAL ARTICLES

The text in the front section of the Journal is devoted to original articles by members. We have heard on more than one occasion that our scientific articles have not been up to standard. For this we make no apologies since the material published was submitted by you and we made every effort to choose for publication the best papers submitted. If you want better scientific articles, it is up to you to write them. The scientific section of the Journal will reflect the talents of our members to the extent that interesting and valuable work is submitted in the form of original articles. Your Journal is not a textbook and these articles should not include long reviews of medical literature. An original work concisely stated will improve the Journal, widen the circulation of readers and reflect on the Association as a whole. Since most of our medical officers have returned our members will have more time to devote to writing original articles. This will increase the value of the Journal and at the same time it will be more difficult for a member to have his article published as the applications increase. There was a time a few years ago when a year or more was necessary to get a paper published in the Journal. As many as sixty papers were on hand waiting for publication. It has been the policy to publish the papers in the order in which they were received with certain exceptions. When an article is received that has new or original work and the time element is important such a paper is often published earlier than its turn in order that the Journal make the information available when it is of the most value.

You might be interested in the procedure in connection with applications for papers to be published. When the original article is first received it is sent to members on the Committee on Publication for approval or rejection. The papers that are approved are then sent to an experienced medical writer for preliminary editing. The paper is then sent to the printer and the galley proof is mailed to the author of the paper for final approval. This procedure governs the publishing of papers of merit and insures their being edited in accordance with the accepted rules of procedure

EDITORIALS

Aside from the news items and the death notices the editorial section of the Journal first meets the attention of the reader's eye. Therefore, every effort should be put forth to have editorials that are worth while to the entire membership. We have tried during this time not to change important policies set by the previous editor, our president-elect, who for over twenty years has guided our publication through turbulent seas and through whose efforts the Journal obtained its high place among the scientific periodicals and Journals of our country. However, on one or two occasions the question of policy was raised. It was our opinion and is now, that the elected editor, with the Publications Committee and Associate Editors, should decide the policy of the Journal. However, should a serious question of policy be raised then we, in conference with the Board of Governors, should make the decision. Happily, so far, no such question has arisen nor have we received any complaints. We seek constructive criticisms and suggestions.

During our time of service we have had no scientific editorials. There have been two reasons for this. First and foremost, your editor appreciates his limitations and has not felt capable of writing such editorials. Secondly, we have learned, in conference with editors of other State Journals, that with so many highly scientific Journals of every specialty and the Journal of the American Medical Association readily available which always have editorials of scientific nature, we would do well to emphasize editorially matters of more general interest to our readers. However, in the future it might be well to have on our editorial staff at least one person who can and will furnish two or three scientific editorials during the year. At the beginning of our duties as editor, the policy was inaugurated to have all editorials signed. This is a debatable question. There are many arguments for signed or unsigned editorials. One reason to have the editorial signed was to encourage our members to send in editorials for publication. Another reason is that there is more freedom in signed editorials as it does not necessarily speak the voice of the majority of the members. Any member has the privilege of taking exception to a signed editorial. Any member has the privilege of submitting an editorial which we hope would create an interest in the editorial section.

ABSTRACTS

A careful search is made of medical Journals for original articles published therein by our members. Each original article published in Journals other than our own is then abstracted and published in the Florida Medical Journal. While this work entails a great deal of office time the reasons are obvious. An abstract in our Journal calls the readers' attention to the fact that the member has a paper and gives an abstract for perusal. If additional information is desired by the reader this gives him the information and where the original article may be located.

CORRESPONDENCE COLUMN

This column is especially arranged as an outlet for any member who wishes to take exception to anything published in the Journal. All letters to the editor for publication in this column must be signed. If another member disagrees with the letter to the editor that is published he has the privilege of writing a letter to the editor himself and present his views. The purpose of the column is not for petty criticisms but for the purpose of exchanging our views on debatable questions. Freedom of speech gives us a feeling of independence and has a definite value in bringing in the right discussion. The free use of this column should be of unusual value and keep the Journal in proper channels.

NEWS ITEMS

Every member is urged to forward news items for publication in the Journal. Every member is interested in what every other member is doing. The more we know about each other the stronger will be the Association as a whole. A special section of the Journal is devoted to component society notes. This is along the lines of news items but is divided by societies. Have your secretary send in regularly interesting notes of the county society meetings or, if your secretary is too busy, have your society appoint some member whose duty it will be to forward these society notes each month. Some of our members would be surprised to know of the unusual interest that some of our readers take in these county society notes.

BUSINESS AND FINANCE

Advertising, paper, cost of operation and various essential things in connection with the mechanical part of the Journal will be included in the annual report of the secretary-treasurer and managing director of the Association. We have tried to furnish you with an attractive Journal and one which contains readable material. We have tried to get your interest. We realize what a difficult task that is and at times have published material which was intended to ruffle you up a bit, but never a rise, which makes one wonder if you ever read it. We would like to know how to get your interest.

A WORD OF APPRECIATION

In conclusion, I wish to express my deep appreciation to our Publications Committee, Drs. Arthur L. Walters, Miami Beach, and Herman Watson, Lakeland, and to our Associate Editors, Drs. Webster Merritt, Jacksonville; Frank C. Metzger, Tampa; Lloyd Netto, West Palm Beach; Ralph Sappenfield, Miami; to our Abstract Editors, Drs. Kenneth Morris, Jacksonville; J. C. Flynn, Tampa; and T. F. Hahn, DeLand, and to the officers and members of the Association who have so generously made contributions to the Journal. As you all know we have had the strong arm of our managing director, who has the experience and wisdom which was so sadly lacking in your new editor, to lean upon. For his untiring efforts, his absolute loyalty and cooperation, sympathy and understanding we shall ever be grateful for without him the job could not have been done.

Respectfully submitted,
Homer L. Pearson, M. D.

This report was referred by the president to Reference Committee No. 1, Health and Education.

There were no delegates present from other state societies.

Announcments: All members were requested to register and visit the various exhibit booths.

There being no further business, a motion to adjourn prevailed.

SECOND GENERAL SESSION

The meeting of the Florida Medical Association reconvened at 11:30 a. m., Tuesday, April 23, in the Ballroom of the George Washington Hotel; President Boling in the chair.

The meeting was called to order.

The guest speaker, Dr. Frank K. Boland, Professor of Surgery, Emory University, Atlanta, Georgia, was introduced by Dr. Boling.

Address, "Progress in Abdominal Surgery" (lantern slides), by Dr. Boland.

Dr. Boling: Dr. Boland, on behalf of the Florida Medical Association, I wish to express to you our gratitude and appreciation for this fine presentation. I am sure that we will all go away with a message that will mean a great deal to us.

A motion to adjourn prevailed.

THIRD GENERAL SESSION

The meeting of the Florida Medical Association reconvened at 12:00 noon, Wednesday, April 24, in the Ballroom of the George Washington Hotel; President Boling in the chair.

The meeting was called to order.

There being no new or unfinished business the meeting proceeded to the election of officers.

Nominations for president-elect were called for.

Dr. W. C. Thomas of Gainesville was nominated by Dr. W. E. Murphree. Nomination seconded by Drs. O. O. Feaster, C. D. Whitaker, T. H. Bates, and R. D. Ferguson.

Dr. Joseph S. Stewart of Miami was nominated by Dr. Frank Gray. Nomination seconded by Drs. W. C. Roberts, Harrison Walker, T. C. Kenaston, Walter C. Jones.

Motion made by Dr. H. E. White and seconded that the nominations be closed. Motion prevailed.

The president called for a ballot vote and named Drs. Vinson, Waas, Davis and Peek as tellers.

Dr. Thomas received 139 votes and was declared president-elect. Dr. Stewart received 77 votes.

Nominations for first vice president were called for.

Dr. E. C. Swift of Jacksonville was nominated by Dr. F. J. Waas. Nomination seconded by Dr. Simmons.

Motion made by Dr. Simmons and seconded that the nominations be closed and the secretary be instructed to cast a unanimous vote for Dr. Swift. Motion prevailed.

Nominations for second vice president were called for. Dr. John W. Snyder of Miami was nominated by Dr. H. D. Van Schaick. Nomination seconded by Dr. H. Marshall Taylor. Motion, made by Dr. Day and seconded, that the nominations be closed and the secretary be instructed to cast a ballot for Dr. Snyder, prevailed.

Nominations for third vice president were called for. Dr. James B. Parramore of Key West was nominated by Dr. Van Landingham. Nomination seconded. Motion made and seconded that the nominations be closed and the secretary be instructed to cast a ballot for Dr. Parramore. Motion prevailed.

Nominations for secretary and treasurer were called for.

Dr. Robert B. McIver of Jacksonville was nominated by Dr. H. E. White. Nomination seconded by Drs. H. A. Day and Homer Pearson. Motion made and seconded that the nominations be closed and Dr. McIver declared unanimously elected. Motion prevailed.

Nominations for editor of the Journal were called for.

Dr. Homer Pearson of Miami was nominated by Dr. J. C. Vinson. Nomination seconded by Dr. Peek. Motion made and seconded that the nominations be closed and Dr. Pearson declared unanimously elected. Motion prevailed.

The chair requested Dr. Jelks and Dr. Jones to escort Dr. Richardson to the rostrum.

Dr. Richardson: I am truly grateful to the members of this Association for having been made your president. One of the most pleasant phases of my professional life has been the contact with the members of this Association. It has meant a great deal to me. I know that during the coming year I am going to have your cooperation in carrying on the work of the Association. I think that we have ahead of us a very critical period. There are so many factors and pressure groups in our country that are trying to socialize and Russianize the way we live, particularly the practice of medicine, that I know we must have a cohesive organization with no friction between the various sections of the State Medical Association. I am going to ask that you cooperate with me in every way during my term of office. I am indeed grateful to you for this honor.

It is now my pleasure to give to our past president, Dr. John R. Boling, the button that symbolizes the fact that he has served us as president. Dr. Boling has worked untiringly during his administration on behalf of the Association and it has been at a great sacrifice to him many times. He has been in a unique position in that he has served two years as our president. It is my pleasure to ask Drs. White and Peek to escort Dr. Boling to the rostrum in order that I may pin the button on him.

Past president's button presented to Dr. Boling by Dr. Richardson.

Dr. Richardson: The Board of Governors during the past year felt that the members of the Association in some way should show their appreciation to our past presidents. At their request certificates showing who has served us as president have been made. These certificates are going to be bestowed upon those living past presidents who are with us today. I am going to ask that they come forward as I call their names. This certificate may be but a piece of paper but it represents much work on the part of those on whom it is going to be bestowed. It represents the fact that they have taken an interest in our organization over many years and that they have served on committees. They have worked untiringly for the good of our organization.

Certificates were presented to the following past presidents as their names were called: H. Marshall Taylor 1923, John C. Vinson 1924, John S. McEwan 1925, H. Mason Smith 1926, John A. Simmons 1927, Frederick J. Waas 1928, Julius C. Davis 1930, Homer L. Pearson 1934, Herbert L. Bryans 1935, Orion O. Feaster 1936, Edward Jelks 1937, W. Henry Spiers 1938, Leigh F. Robinson 1939, J. Sam Turberville 1940, Walter C. Jones 1941, Gilbert S. Osincup 1942, Eugene G. Peek 1943, John R. Boling 1944-45.

The four absent members were: Robert H. McGinnis 1915, William E. Ross 1919, Henry C. Dozier 1929, William M. Rowlett 1933.

Announcement was made that the Board of Governors would meet immediately following adjournment of this meeting in room 616.

There being no further business, the chair declared the Seventy-second Annual Meeting of the Florida Medical Association adjourned, sine die.

HOUSE OF DELEGATES

FIRST HOUSE OF DELEGATES

The House of Delegates convened at 3:00 p.m., Monday, April 22, 1946, in the Ballroom of the George Washington Hotel, Jacksonville, with Dr. John R. Boling, president, in the chair. Delegates answering the Roll Call were:

DELEGATES

Alachua—John E. Maines.

Bay—W. C. Roberts.

Brevard—T. C. Kenaston.

Broward—L. F. Robinson, R. A. Mills.

Columbia—J. F. Pitman.

Dade—C. E. Dunaway, Walter C. Jones, Joseph S. Stewart, Wiley M. Sams, C. Larimore Perry, Colquitt Pearson, John W. Snyder, J. R. Graves, Ralph S. Sappenfield, L. W. Dowlen, Warren W. Quillian, Frazier J. Payton, Gail Chandler, Claude G. Mentzer, P. J. Manson, H. A. Walker.

DeSoto-Hardee-Highlands-Charlotte-Glades—A. A. Poucher.

DUVAL—J. L. Borland, F. L. Fort, J. A. Beals, J. G. Lyerly, Edward Jelks, J. M. Bryant, R. H. King, E. T. Sellers, T. Z. Cason, W. H. McCullagh.

ESCAMBIA—Herbert L. Bryans, Alvyn W. White.

FRANKLIN-GULF—J. R. Norton.

HILLSBOROUGH—W. C. Blake, J. W. Taylor, W. M. Rowlett, A. M. Bidwell, D. R. Murphey.

JACKSON—J. T. Cook.

LAKE—R. H. Williams.

LEE—W. B. Clement.

LEON-GADSDEN-LIBERTY-WAKULLA-JEFFERSON — J. H. Pound, J. T. Benbow.

MADISON-SUWANNEE—(*No Delegate*).

MANATEE—W. D. Sugg.

MARION—E. G. Peek.

MONROE—J. B. Parramore.

ORANGE—J. R. Chappell, C. D. Hoffmann, W. E. Sinclair, W. S. Mitchell, Don C. Robertson.

NASSAU—George A. Dame.

PALM BEACH—W. Y. Sayad, J. H. Pittman, W. E. Van Landingham, F. K. Herpel.

PASCO-HERNANDO-CITRUS—W. H. Walters.

PINELLAS—A. M. Feaster, A. L. Mills, O. O. Feaster, H. G. Palmer, R. W. S. Owen, W. M. Davis.

POLK—J. R. Boulware, Herman Watson, W. F. Peacock.

PUTNAM—Allen Gurganious.

ST. JOHNS—Charles C. Grace.

ST. LUCIE-OKEECHOBEE-INDIAN RIVER-MARTIN—A. M. Sample.

SARASOTA—Stanley T. Martin.

SEMINOLE—T. F. McDaniel.

TAYLOR—W. J. Baker.

VOLUSIA—J. E. Rawlings, Hugh West.

WALTON-OKALOOSA—(*No Delegate*).

WASHINGTON-HOLMES—B. W. Dalton.

ASSOCIATION OFFICERS—John R. Boling, Shaler Richardson, W. C. McConnell, Horace A. Day, Robert D. Ferguson, Robert B. McIver, Homer L. Pearson.

The chair declared a quorum present.

It was moved and seconded that the minutes of the last meeting, as published in the June, 1944, issue of the Florida Medical Journal, be adopted. There being no corrections or amendments, on motion by Dr. Bidwell, the minutes as published were adopted by unanimous vote.

Our delegates to the A. M. A. House of Delegates were then recognized.

Dr. Pearson presented a written report for Dr. Jelks and himself, delegates to the A. M. A. He then made a verbal off-the-record report. These reports were referred by the chair to Reference Committee No. 1, Health and Education.

President Boling called for the nomination of one delegate and one alternate to the A. M. A. meeting for two-year terms, beginning January, 1947, reading Chapter 1, Sec. 1 of the A. M. A. By-Laws, as follows:

> A member of the House of Delegates must have been a member of the American Medical Association and a Fellow of the Scientific Assembly for at least two years next preceding the session of the House of Delegates at which he is to serve.

Dr. Bryans nominated Dr. Homer Pearson as delegate. Nomination seconded. Dr. Day nominated Dr. Orr. Nomination seconded. Dr. Pearson was elected Delegate by 49 ballot votes; Dr. Orr received 30.

Dr. Bryans nominated Dr. Orr as alternate delegate to the A. M. A. Nomination seconded and carried.

Dr. Rowlett, chairman of the Board of Governors, announced that the board recommended the acceptance of the invitation of Dade County Medical Society to hold the 1947 Annual Meeting in Miami.

Motion by Dr. Snyder, seconded by Dr. Dunaway, that Miami be designated as the 1947 meeting place. Motion carried.

The chair announced the personnel of three reference committees as follows:

1. HEALTH AND EDUCATION

W. M. Rowlett, *Chairman.*
Homer L. Pearson
Robert B. McIver
J. R. Chappell
W. Y. Sayad

2. PUBLIC POLICY

W. C. Blake, *Chairman*
Edward Jelks
Leigh F. Robinson
Joseph S. Stewart
Herbert L. Bryans

3. FINANCE AND ADMINISTRATION

Walter C. Jones, *Chairman*
Shaler Richardson
Eugene G. Peek
Herman Watson
W. D. Sugg

Motion by Dr. Walter C. Jones, chairman, that Reference Committee No. 3 meet within thirty minutes after the adjournment of the House of Delegates. Seconded by Dr. Peek. Motion carried.

Motion by Dr. W. M. Rowlett, chairman, that Reference Committee No. 1 meet immediately after adjournment of the House of Delegates. Seconded by Dr. Chappell. Motion carried.

Motion by Dr. Blake, chairman, that Reference Committee No. 2 meet immediately after the meeting of the House of Delegates. Seconded and carried.

A resolution was read by Dr. H. A. Day relative to the employment of a full time public relations department. On motion the resolution was received and referred by the chair to Reference Committee No. 2, Public Policy.

A resolution was read by Dr. John E. Maines, Jr., relative to obtaining full time rep-

resentation in Tallahassee. On motion the resolution was received and referred by the chair to Reference Committee No. 2, Public Policy.

The report of the Board of Governors was read by Dr. W. M. Rowlett, chairman. On motion the report was received and referred by the chair to Reference Committee No. 3, Finance and Administration.

The report of the Committee on Scientific Work was read by Dr. Herbert E. White, chairman. On motion the report was received and referred by the chair to Reference Committee No. 3, Finance and Administration.

The report of the Committee on Legislation and Public Policy was read by Dr. H. D. Van Schaick, chairman. On motion the report was received and referred by the chair to Reference Committee No. 2, Public Policy.

In the absence of the chairman, Dr. H. G. Holland, no report was presented by the Committee on Medical Education and Hospitals.

The report of the Committee on Public Relations was read by Dr. L. F. Robinson, chairman. On motion the report was received and referred by the chair to Reference Committee No. 2, Public Policy.

The proposed change in Chapter 7, Sec. 2 of the By-Laws, contained in the report of the Committee on Public Relations, was referred by the chair to Reference Committee No. 3, Finance and Administration.

The report of the Committee on Necrology was read by Dr. J. C. Vinson, chairman. As a memorial, a large vase was placed on the speaker's table and at Dr. Vinson's request, Dr. McIver, the secretary, placed in it a large white carnation as the name of each deceased member was read. At the request of the president the members then stood for a moment in silent respect to the memory of their departed colleagues. The chair referred the report to Reference Committee No. 3, Finance and Administration.

The report of the Committee on Medical Postgraduate Course was read by Dr. T. Z. Cason, chairman. On motion the report was received and referred by the chair to Reference Committee No. 1, Health and Education.

In the absence of the chairman, Dr. Joseph Halton, the report of the Committee on Cancer Control was read by title by the secretary. On motion this report was received and referred by the chair to Reference Committee No. 1, Health and Education.

The report of the Committee on Venereal Disease Control was read by Dr. E. T. Sellers, chairman. On motion this report was received and referred by the chair to Reference Committee No. 1, Health and Education.

In the absence of the chairman, Dr. F. A. Vogt, no report was presented by the Committee on Medical Economics.

The report of the Committee on Interrelationship was read by Dr. W. M. Davis, chairman. On motion this report was received and referred by the chair to Reference Committee No. 2, Public Policy.

The report of the Committee on Tuberculosis and Public Health was read by Dr. W. C. Blake, chairman. On motion this report was received and referred by the chair to Reference Committee No. 1, Health and Education.

The report of the Committee on Maternal Welfare was read by Dr. W. C. Thomas, chairman. On motion this report was received and referred by the chair to Reference Committee No. 1, Health and Education.

The report of the Committee on Child Health was read by Dr. George L. Cook, chairman. On motion this report was received and referred by the chair to Reference Committee No. 1, Health and Education.

The report of the Committee on Conservation of Vision was read by Dr. C. E. Dunaway, chairman. On motion this report was received and referred by the chair to Reference Committee No. 1, Health and Education.

In the absence of the chairman, Dr. G. C. Tillman, no report was presented by the Advisory Committee to the Woman's Auxiliary.

In the absence of the chairman, Dr. R. R. Duke, no report was presented by the Committee as representatives to the Industrial Council.

The report of the Council was read by Dr. F. J. Waas, chairman. On motion this report was received and referred by the chair to Reference Committee No. 3, Finance and Administration.

The report of the Committee on War Participation was read by Dr. Eugene G. Peek at the request of Dr. Edward Jelks, chairman. On motion the report was received and referred by the chair to Reference Committee No. 3, Finance and Administration.

In the absence of the chairman, Dr. H. Marshall Taylor, no report was made by the Board of Past Presidents.

A verbal report was presented by Dr. H. Mason Smith, chairman of the Committee on State Controlled Medical Institutions and Hospitals, who also read two letters, one from the superintendent of the state hospital at Chattahoochee, and one from the superintendent of the Florida Farm Colony. These letters were received and referred by the chair to Reference Committee No. 2, Public Policy.

Dr. Joseph Stewart, a member of a special Committee to Study Hospitalization and Treatment of Veterans, requested that he be allowed to make a preliminary report before the proper reference committee. The chair referred Dr. Stewart to Reference Committee No. 1, Health and Education.

Motion by Dr. John W. Snyder that the Florida Medical Association extend an invitation to the Southern Medical Association to hold its next annual meeting in Florida. This motion was received and referred by the chair to Reference Committee No. 2, Public Policy.

Announcements were made by the secretary.

There being no further business to come before the meeting, the House recessed to reconvene Tuesday, April 23, at 9:30 a.m.

SECOND HOUSE OF DELEGATES

The House of Delegates reconvened at 9:30 a.m., Tuesday, April 23, in the Ballroom of the George Washington Hotel, Jacksonville; President Boling in the chair. Delegates answering Roll Call are shown in regular type. Delegates not answering Roll Call are shown (*absent*).

DELEGATES

ALACHUA—John E. Maines.

BAY—W. C. Roberts.

BREVARD—T. C. Kenaston.

BROWARD—L. F. Robinson, R. A. Mills.

COLUMBIA—J. F. Pitman.

DADE—C. E. Dunaway, Walter C. Jones, Joseph S. Stewart, C. Larimore Perry, Colquitt Pearson, John W. Snyder, J. R. Graves, Ralph Sappenfield, L. W. Dowlen, Warren W. Quillian, Frazier J. Payton, Gail Chandler, P. J. Manson, H. A. Walker. (*Absent—Wiley M. Sams, Claude G. Mentzer.*)

DE SOTO-HARDEE-HIGHLANDS - CHARLOTTE - GLADES — (*Absent—A. A. Poucher.*)

DUVAL—J. L. Borland, F. L. Fort, J. A. Beals, J. G. Lyerly, Edward Jelks, J. M. Bryant, R. H. King, E. T. Sellers, T. Z. Cason, W. H. McCullagh.

ESCAMBIA—Herbert L. Bryans, Alvyn W. White.

FRANKLIN-GULF—J. R. Norton.

HILLSBOROUGH—W. C. Blake, J. W. Taylor, W. M. Rowlett, A. M. Bidwell, D. R. Murphey.

JACKSON—J. T. Cook.

LAKE—R. H. Williams.

LEE—W. B. Clement.

LEON-GADSDEN-LIBERTY-WAKULLA-JEFFERSON — J. H. Pound, J. T. Benbow.

MADISON-SUWANNEE—(*No delegate.*)

MANATEE—W. D. Sugg.

MARION—E. G. Peek.

MONROE—(*Absent, J. B. Parramore.*)

ORANGE—J. R. Chappell, C. D. Hoffmann, W. E. Sinclair, Don C. Robertson. (*Absent—W. S. Mitchell.*)

NASSAU—George A Dame.

PALM BEACH—W. Y. Sayad, J. H. Pittman, W. E. Van Landingham, F. K. Herpel.

PASCO-HERNANDO-CITRUS—(*Absent—W. H. Walters.*)

PINELLAS—A. M. Feaster, O. O. Feaster, H. G. Palmer, W. M. Davis. (*Absent—A. L. Mills, R. W. S. Owen*).

POLK—J. R. Boulware, Herman Watson (*Absent—W. F. Peacock.*)

PUTNAM—(*Absent—Allen Gurganious.*)

ST. JOHNS—Charles C. Grace.

ST. LUCIE-OKEECHOBEE-INDIAN RIVER-MARTIN—A. M. Sample.

SARASOTA—Stanley T. Martin.

SEMINOLE—T. F. McDaniel.

TAYLOR—W. J. Baker.

VOLUSIA—J. E. Rawlings, Hugh West.

WALTON-OKALOOSA—(*No delegate.*)

WASHINGTON-HOLMES—B. W. Dalton.

ASSOCIATION OFFICERS—John R. Boling, Shaler Richardson, W. C. McConnell, Horace A. Day, Robert D. Ferguson, Robert B. McIver, Homer L. Pearson.

The chair declared a quorum present.

The meeting was called to order.

REPORT OF REFERENCE COMMITTEE NO. 1

Dr. W. M. Rowlett, chairman of Reference Committee No. 1, Health and Education, was recognized and asked to present the recommendations of that committee.

"The Committee recommends the approval of the report of the Editor of the Journal of the Florida Medical Association as presented by Dr. Homer Pearson.

Motion made and seconded that the report be accepted. Motion prevailed.

"The Committee recommends the approval of the written report of the Delegates to the A. M. A., Drs. Homer L. Pearson and Edward Jelks, as read by Dr. Homer Pearson, but the Committee was without authority to consider the verbal off-the-record report made by Dr. Pearson."

Motion made and seconded that the written report be approved. Motion prevailed.

REPORT OF DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

The House of Delegates to the American Medical Association met in Chicago during the period from December 3 through December 5, 1945. This meeting was the postponed session of June, 1945. Practically a full attendance assembled with delegates from all the constituent bodies and from the scientific sessions and with representatives of the Council and other official bodies of the Association. First order of business, of course, were addresses of the Speaker of the House, the president-elect and the president, all of which can be read in the Journal.

In the report of the Board of Trustees they referred to the House of Delegates the address of President Harry S. Truman on the Wagner-Murray-Dingle Bill, and the House of Delegates approved the President's recommendations save the one referring to compulsory health insurance. Among the most significant of all the actions taken by the House of Delegates was the adoption of the report of the Reference Committee on Legislation and Public Relations under the Chairmanship of Dr. Edwin S. Hamilton of Illinois, which outlined the policy of the American Medical Association on these proposals. You will remember that the 14 proposals of the American Medical Association, or we might say its platform, had been published in the Journal more than once. The House of Delegates went on record as opposing Federal Compulsory Insurance as proposed by the Wagner-Murray-Dingle Bill and also the extraordinary proposals made by Senator Pepper in his bill for Maternal and Infant care.

One of the problems considered by the House of Delegates related to the physicians still in military service and those now being discharged. By direction a new committee on Military Service has been established which will give careful consideration to all communications that have been received from men in the service in order that the difficulties that have prevailed in this war may be overcome in any future emergency. A committee on postwar medical service is being charged with many of the problems of the returning medical veterans. The Board of Trustees is to develop the Bureau of Information on a permanent basis to intensify the activities now under way for aiding the returning veterans in securing internship, residency or graduate education and also with information as to suitable location for licensure and similar matters that are to them of intimate concern.

For many years the effort has been made by some to have established in the A. M. A. a section on General Practice. At this session, action was taken by the House of Delegates establishing a Section on General Practice as a permanent member of the Scientific Section, and recommendations were made for a new By-law which will provide for two meetings of the House of Delegates each year, thus enabling the representing body of the Association to express promptly the policies of American Medicine on most of the large problems that affect the medical profession.

There were many resolutions introduced with reference to medical service plans and voluntary insurance plans of various types. The action of the House of Delegates concerning these resolutions was instructions to the Board of Trustees and the Council on Medical Service and Public Relations to develop and present at the earliest possible time an over-all National Medical Service Plan incorporating as far as possible the state medical service plans and having coverage in those states which do not have plans of their own. Election of officers followed. The president-elect is Dr. Harrison H. Shoulders of Nashville, Tenn., for many years speaker of the House of Delegates; vice-president, Dr. William R. Maloney, Los Angeles, Cal.; for Board of Trustees, Dr. John H. Fitzgibbon of Portland, Ore.; Dr. James R. Miller of Hartford, Conn., and Dr. Clyde H. Murray of Napa, Calif. Dr. Olin West, for many years secretary of the Association was re-elected unanimously as was also Dr. Josiah J. Moore, the treasurer. Dr. Herman G. Weiskotten of Syracuse, N. Y., was re-elected to the Council on Medical Education and Hospitals; Dr. Henry R. Viets, Boston, to the Council on Scientific Assembly; Dr. Louis A. Buie, Rochester, Minn., to the Judicial Council. To the Council on Medical Service and Public Relations were elected Dr. Alfred W. Adson, Rochester, Minn.; Dr. Walter B. Martin, Norfolk, Va., and Dr. Raymond L. Zech, Seattle, Wash. Although it was not announced publicly or to the House of Delegates, the appointment by the Board of Trustees of Major General George S. Lull as assistant to Dr. Olin West is in effect.

The next annual session of the Association will be held in San Francisco July 1 to 5, 1946.

Respectfully submitted.

Homer L. Pearson
Edward Jelks
Delegates

The members of the House of Delegates did not respond when asked if they wished to consider the off-the-record report by Dr. Pearson.

"The Committee approves the report of the Committee on Medical Postgraduate Course and recommends its adoption."

Motion made and seconded that this report be adopted. Motion prevailed.

REPORT OF COMMITTEE ON MEDICAL POSTGRADUATE COURSE

The Graduate Short Course for 1945 was held in Jacksonville. The report on this meeting, including the financial statement, attendance and other details, has already been presented in the Journal.

The Postgraduate Committee has met twice in this city during the year 1945-1946. The Faculty for the 1946 Short Course session was selected and the chairman directed to invite the physicians designated to deliver the lectures on their respective subjects. The Fourteenth Annual Graduate Short Course will be held at the George Washington Hotel in Jacksonville June 17 to 22, inclusive. The members of the Faculty have accepted their assignments and the programs will be mailed to the physicians in Florida about May 1.

In addition to considering the Graduate Short Course, the Committee acted in an advisory capacity to the Director of the Department of Medicine of the Graduate School of the University of Florida. Recommendations for the Faculty of the Department of Medicine of the Graduate School were made to the President of the University of Florida and the Board of Control after being approved by the Graduate Committee.

The Director of the Department of Medicine of the Graduate School expects graduate teaching to begin the latter part of May or the first of June. Detailed announcements will be made later in the Journal.

Respectfully submitted,

T. Z. Cason, *Chairman.*

"The Committee has considered the report of the Committee on Cancer Control, find it to be very incomplete, and recommend that it be not approved."

Motion made and seconded that this report be not approved. Motion amended by adding,

"and that it not be published." Motion, as amended, prevailed.

"The Committee approves the report of the Committee on Venereal Disease Control but offers the suggestion that more care be exercised by the incoming president in the establishment of this committee and that its duties be largely educational."

Motion made and seconded that this report be accepted. Motion prevailed.

REPORT OF COMMITTEE ON VENEREAL DISEASE CONTROL

The Venereal Disease Control Committee has had no meetings for three years.

The Venereal Disease Control Officer of the Florida State Board of Health has conducted an intensive and satisfactory campaign during these years. Our committee has had no request to participate in this campaign, nor have we had any reports concerning the work of the Florida State Board of Health.

Your Chairman will call a meeting as soon as possible to discuss and recommend the desirability of continuing this committee.

Respectfully submitted,

E. T. Sellers, *Chairman.*

"The Committee has approved the report of the Committee on Tuberculosis and Public Health as presented by Dr. W. C. Blake, and recommends that it be accepted."

Motion made and seconded that the report be accepted. Motion prevailed.

REPORT OF COMMITTEE ON TUBERCULOSIS AND PUBLIC HEALTH

Your Committee has held one meeting during the year, but has had considerable correspondence in an effort to overcome transportation and other difficulties.

Reports were received by your Committee on mass X-ray surveys made with 35 mm. photoflurographic equipment and operated by the Division of Tuberculosis, State Board of Health, and the United States Public Health Service. Results of these surveys reveal that in industrial groups approximately 1½ per cent of those X-rayed were found to be positive or suspicious for tuberculosis.

As a result of the above findings, your Committee has approved in principle the plan of the Division of Tuberculosis, State Board of Health, to utilize its own mobile X-ray Unit and the portable X-ray Unit on loan to Florida from the U. S. Public Health Service, for continued surveys of the adult population of the State of Florida. It is anticipated that over a period of years the entire adult population of the state will be surveyed. The groups to be surveyed in counties are left to the discretion of the component societies. Based upon statistical studies submitted to your Committee, it has approved the elimination from mass surveys of persons under sixteen years of age, unless they are in direct contact with tuberculous patients, or suspected of having tuberculosis and recommended for X-ray by a member of the Florida Medical Association.

Your Committee has further approved in principle the establishment of pneumothorax clinics to be located at strategic points throughout the state to serve indigent tuberculous patients returning from the State Sanatorium. The equipment for such clinics will be provided from funds made available through the Division of Tuberculosis, State Board of Health, from the Division of Tuberculosis Control, U. S. Public Health Service. The stations will be under the supervision of the County Health Department, but medical service and treatment will be rendered by a private physician in the community, meeting qualifications to be established by your Committee. Your Committee has used in an Advisory capacity Dr. R. D. Thompson, Medical Director and Superintendent, State Tuberculosis Sanatorium, and Dr. E. J. Teagarden, Director, Division of Tuberculosis, State Board of Health.

Your Committee has further considered and tentatively approved a plan for dissemination of medical information relative to the newer developments in tuberculosis diagnosis, treatment and control to members of the Florida Medical Association. Further development of plans is anticipated during the ensuing year.

Your Committee has further approved material on tuberculosis to be distributed to the lay public in Florida through the Florida Tuberculosis and Health Association and its affiliated groups. Members of the Committee have served in an advisory capacity to the Association in its program planning and have attempted to interpret the work of the organization to members of the Florida Medical Association.

Respectfully submitted,

Wm. C. Blake, *Chairman*

"The Committee has approved the report of the Committee on Maternal Welfare as presented by Dr. W. C. Thomas, chairman, and recommends that it be accepted.."

Motion made and seconded that the report be accepted. Motion prevailed.

REPORT OF COMMITTEE ON MATERNAL WELFARE

Probably most of the members of the Association are cognizant of the downward trend of the maternal mortality in the state, but it was considered not to be amiss to present a few statistical facts.

For a number of years in the past Florida has had the unenviable record of having the highest maternal death rate of any state in the Union. This condition existed up to as recently as 1939 and 1940. This mortality has gradually been reduced, so that at present we stand sixth from the top—a position not to be proud of, but it does show progress.

In 1933, Florida lost 11.1 mothers per 1,000 live births. In 1943, the death rate was 3.5 per 1,000 live births, and in 1944, it was 3.2. Of this number, 2.3 were deaths among white persons and 6.1 were deaths among negroes. There were 39,288 white births and 12,366 colored births with 166 maternal deaths. Thus, while the negroes are the cause of a high death rate, these we have with us and they are in great part our problem.

In considering the place of delivery—that is, hospital versus home delivery—there was an increase of 32.3 per cent in 1937, to 67 per cent hospital deliveries in 1944. In 1942, there were 63 hospital deaths and 48 deaths following home deliveries. As you know, a great many hospital deaths are due to patients being carried to the hospital moribund or in an exceedingly grave condition. Either hospital cases are entered earlier or the hospital care has vastly improved.

From 1941 to 1942, there was a decrease in the postpartum mortality of cases treated by physicians from 123 to 79, while there was an increase in births attended by physicians of 3,462. There was practically no change in the postpartum death rate of those attended

by midwives, 21 and 22 cases respectively. While the death rate of those attended by others, (osteopaths, naturopaths, etc.) jumped from 1 to 10, with a very slow increase in the number attended by this group, the postpartum death rate among these attended by this latter group was 13.4.

The above statistics are presented to emphasize several facts.

1. There are no hospital licensing laws in the state of Florida. Anyone without any restrictions whatsoever may open a place and call it a hospital.
2. There is a maternity home licensing law which is applicable only to the two largest counties in the state, namely, Dade and Duval.
3. While we have an excellent postgraduate course each summer, the fact remains that the physicians who could benefit most by these courses are the ones who generally do not attend. They are the men who rush in and do vaginal examinations in cases of uterine bleeding and pack the uterus for the same cause without proper aseptic technic, thus increasing enormously the morbidity and mortality in such cases.

It is thought that the Florida Medical Association should take some steps towards a hospital licensing law, and to the extension of the maternity home licensing law so that every county in Florida would be included.

Also, it is recommended that some effort be made to carry postgraduate facilities, especially in obstetrics and general medicine, to the smaller groups.

It is also recommended that the Florida Medical Association not only approve but work towards a passage of the Food Enrichment Bill.

These statistics as given above were secured from the Florida State Board of Health and were obtained through the courtesy of Dr. Lucille J. Marsh, Director of the Maternal and Child Health Department.

Respectfully submitted,

William C. Thomas, *Chairman.*

"The Committee recommends that the report of the Committee on Child Health as presented by Dr. George L. Cook, chairman, be approved with the following amendment: "That the Florida Medical Association formally go on record as endorsing and approving the survey of child health service as outlined in the report of Dr. George Cook, chairman of the Committee on Child Health."

Motion made and seconded that the report, as amended, be accepted. Motion prevailed.

REPORT OF COMMITTEE ON CHILD HEALTH

The American Academy of Pediatrics at its annual meeting in St. Louis in November, 1944, approved a plan of its Committee on Child Health in the Postwar Period to make a survey of the needs of the children of the United States and the facilities available to meet these needs. This Study of Child Health Services has accordingly been developed along two distinct lines. Information concerning hospitals, private practice and general health services is gathered on a state level by the pediatricians of the individual states. One of the primary purposes is to stimulate local groups to evaluate the services within their community as a background for local planning. A second division of the study concerns an evaluation of pediatric education. Since it does not lend itself to organization at the state level, it is conducted from the central executive office by persons experienced in academic pediatrics.

In North Carolina, the state selected for the pilot study, the survey has been completed and the data have been tabulated. The successful completion of the study in that state was due not only to the wholehearted cooperation of the pediatricians and their state society but also to the assistance given by the general practitioners and the State Department of Health as well as by semiprofessional and lay groups.

The method of procedure employed in North Carolina utilized the pediatricians as the key group. It was fully realized that the demands on them were particularly pressing; therefore, the program was planned so that the burden falling upon their shoulders would be reduced to a minimum. It was clearly demonstrated that the executive secretary for the state carries the brunt of the load and also that the success of the study depends on the measure of cooperation given by each pediatrician of the state.

The survey is now to be made in Florida, and the importance of the task cannot be overemphasized. It is, in this state, the first attempt of an organized group of medical practitioners to inquire into its own affairs. This fact-finding study is undertaken by physicians to ascertain the strong and the weak points pertaining to their practice.

Many organizations outside the ranks of practicing physicians are quoting figures and making recommendations relative to the regulation of medical practice. This study offers the practicing physician opportunity to determine the best methods of meeting the existing needs.

In Florida, this survey of the American Academy of Pediatrics is sponsored by the Florida Pediatric Society with Miss Stella Larkey serving as executive secretary. Soon after publication of this announcement, a short questionnaire will be sent to every practicing physician in the state. It is of the utmost importance that it be filled out and returned promptly.

The opportunity is here; the time is short! Will the physicians of Florida show that they are interested in the broader aspects of medical practice, or will they sit idly by and allow themselves to be regulated by outsiders?

George L. Cook, *Chairman.*

"The Committee has approved the report of the Committee on Conservation of Vision as presented by Dr. C. E. Dunaway, chairman, and recommend its acceptance."

Motion made and seconded that the report be accepted. Motion prevailed.

REPORT OF THE COMMITTEE ON CONSERVATION OF VISION

Your Committee on Conservation of Vision has had no official meeting this year. However, there have been several unofficial meetings, which have been attended by three members of the committee. Several members met jointly with the Advisory Board of the Florida Council for the Blind, and have cooperated with them in rendering any assistance that they have needed. Members of the committee have also attended meetings held in December, 1944, in West Palm Beach, and in December, 1945, in Miami.

There has been an active program launched for sight conservation in the schools, and the Governor has decreed that there be a Sight Conservation Week annually, at which time news and radio educational programs will be developed. This committee will assist them in whatever way it possibly can.

It is your chairman's feeling that this committee should continue to meet with the Medical Advisory Committee of the Florida Council for the Blind annually, biannually, or more often if necessary.

Respectfully submitted,

Carl E. Dunaway, *Chairman.*

"The Committee has considered the request of the chairman of the special Committee on Hospitalization and Treatment of Veterans that he be allowed to present a preliminary report of the work of that committee, and recommend that it be approved."

Motion made and seconded that the chairman of this committee be permitted to present a preliminary report. Motion prevailed.

The privileges of the floor were extended to Dr. Frederick Bowen, chairman. Dr. Bowen then presented a verbal report.

Motion by Dr. Rowlett that this progress report be accepted and approved. Motion seconded and carried.

REPORT OF REFERENCE COMMITTEE No. 2

Dr. W. C. Blake, chairman of Reference Committee No. 2, Public Policy, was recognized and asked to present the recommendations of that committee.

"Your Committee has reviewed the resolution presented by Dr. John Snyder of Miami, recommending that the Southern Medical Association be invited to meet in the State of Florida. This resolution is approved."

Motion made and seconded that this resolution be adopted. Motion prevailed.

RESOLUTION

By Dr. John W. Snyder

WHEREAS, the Dade County Medical Society has requested that the Southern Medical Association be invited to meet in Florida, now therefore,

BE IT RESOLVED that the Florida Medical Association extend an invitation to the Southern Medical Association to hold the 1946 annual meeting in Florida.

"Your Committee has considered carefully the resolution from Alachua County, the resolution from Orange County, and part of the report of the Legislation and Public Policy Committee, all of which relate to the formation of a Public Relations Council.

RESOLUTION

WHEREAS, There exists a need for legal representation of the Medical Association of the State, and

WHEREAS, There is now an inadequate representation of the Medical Society, therefore,

BE IT RESOLVED that the Alachua County Medical Society suggests to the State Society that they consider the possibility of obtaining full time representation at Tallahassee, the necessary money to be raised by assessment of members or as the Society designates.

ALACHUA COUNTY MEDICAL SOCIETY
John E. Maines, Jr., M. D.
Delegate.

RESOLUTION

BE IT RESOLVED by this House of Delegates now in session that the Florida State Medical Association employ a full time Public Relations Department to educate the public concerning state or socialized medicine and such other information as they desire to put before the general public.

BE IT FURTHER RESOLVED that the cost of this Department be determined by the Board of Governors or such other proper officials of the State Medical Association and that this money be raised by proportonate increase in dues to cover the above expense.

H. A. Day, M. D.
Delegate from the Orange
County Medical Society.

This resolution is sponsored by the Orange County Medical Society.

"Obviously the members of the Florida Medical Association recognize the importance of presenting to the public proper information concerning medical care and the true relation of the profession to the public.

"We, therefore, would like to combine the above mentioned reports, and recommend:

"1. That the House of Delegates authorize the Board of Governors to establish a Public Relations Bureau.

"2. That the Board of Governors employ the personnel necessary to carry out the work of this Bureau. Our opinion is that it will require the full or part-time services of a special public relations adviser.

"3. That the expenses of this work be provided by increasing dues. It is the opinion of your Committee that the expenses of the work will approximate $15,000.00 per annum."

Motion made and seconded that the recommendations of this Committee be adopted.

DISCUSSION

Dr. Day: As the one who presented the original resolution from Orange County, I believe that our delegation will accept your combining of the two.

Dr. Maines: I am sure that Alachua County will accept the combining, also.

Dr. Jones: There is a recommendation from the Board of Governors that we change the by-laws to increase the dues to $15. Is that to be a separate item?

Dr. Blake: We estimate the work of this bureau will cost the State Association approximately $15,000 or more. Roughly dividing that, it would take perhaps six or seven thousand as salary for a well trained public relations adviser, and the balance of money would be used for traveling and operating expenses.

Dr. Jones: It is important that we get this straight. The Board of Governors has recommended and a resolution was read yesterday to the effect that the dues be increased $5 for administrative purposes. Now, I want to get this clear. Is this $10 for a specific purpose and does not take care of any increase in expenses? Are we going to combine and say that the dues are $20 or $25 a year for the state? I think we should understand now what we are trying to do while we are here.

Dr. Jelks: We felt that so much interest had been shown in this matter for the last two or three years, even before the resolution was presented and the recommendation made by the Board of Governors to increase the dues, that we wanted to put it flatly before you men and let you now, as Dr. Jones says, see what it means and say whether you want it or no. This has nothing whatever to do with the present administration of our organization. We felt that this should have separate financial backing and personnel. We all know that the central office has all that it can possibly do now and there are no extra funds for this work. If you men want this bureau, the only way to have it is to get the money up. The only way we know of is to raise the dues. In our minds it is separate from the $5 which the Board of Governors has recommended. It is just a question of whether or not you want it.

Dr. Cason: The labor unions are raising several times $25 per year to be used for such purposes. If we do not establish some such bureau and acquaint the public as to who we are and what we are and what we are doing as modern physicians, they are going to do it for us. I think this is the least that we can do.

Dr. Day: I am very heartily in favor of that resolution. I don't care whether you raise the dues to $25 or $50. It does not make any difference. If you do not donate to this for yourselves the government is going to tell us what to do. You will not be free very long if we do not spend something to acquaint the public. It is practically impossible to get anything done without a public relations bureau. I am heartily in favor of this resolution. To my mind you are being weighed in the balance and if we do not do something we will be found wanting.

Dr. Richardson: We think it most important that we always keep the funds necessary to operate this Association entirely separate from those other matters such as this public relations bureau. I am heartily in favor of this public relations project, but, as Dr. Walter Jones explained this increase of $5 in the dues, as recommended by the Board of Governors and approved by his reference committee, is for the purpose of administering the Association. It has been brought about because of the tremendous increase in the cost of help in the central office and in the printing of the Journal. I think that this public relations project is an excellent one but I think that every man has to think of it this way: Am I willing to dig down in my pocket and put up $10?

Question from the floor (Dr. Colquitt Pearson): Information requested relative to the National Physicians' Committee.

Dr. Richardson: The National Physicians' Committee is really a public relations organization which follows out the desires of the House of Delegates of the A. M. A. I mean by that, that they try to kill the recommendation to the public of anything that is not approved by organized medicine. They are a national public relations organization. However, the contributions to the National Physicians' Committee have not been sufficient for them to undertake a program of public relations work in this matter of political medicine in every state in the Union. They are doing it on a national scope and they are doing it well on the money that has been contributed to them. Contributions are only voluntary There are a lot of us who have not contributed to them for this worthy work. Therefore, their work has been curtailed. In addition to the matter of political medicine there is a lot of other public relations work to be handled.

There are a lot of political questions that could be presented intelligently to the public if we had the proper state organization. Many other states are operating a public relations bureau. They obtain the services of a professional public relations person who dictates or arranges the work and method of presenting medical questions to the public, and a great amount of money is spent in newspaper advertising. As you know, unless money is available for newspaper advertising, it is difficult to get news releases in the paper. Hillsborough County is certainly to be commended for the work it has done in publicizing all phases of socialized medicine as illustrated by this little display on the curtain. But until we have such an organization in the state we cannot bring to the people of our state such matters of importance to the medical profession.

Dr. Bidwell: As chairman of the Hillsborough County Physicians Committee that ran this display, I would like to say that the National Committee is trying to stimulate interest among us to get the matter to the public. Most of us, unfortunately, have been sleeping at the switch. The National Physicians' Committee has been going on for four or five years, but on the money that has been raised, they cannot run the local program. They can work it from a national stand but we have to work it out from the state standpoint. After working with them for several years, I am thoroughly convinced that if we present the matter to the public that the public is going to be with us. Labor in general may support the Murray-Dingle bill, but the Florida Labor Advocate is opposed to it. They came to us and asked if they might run this ad. You might say that they wanted the money that they got out of running the ad, but this is not so. I want to say that the Florida Labor Advocate, in addition to running the ad for which we paid, ran a news item three or four times in the Florida Labor Advocate. That paper is opposed to the Wagner-Murray-Dingle bill. You might talk with your patients. They have confidence in you or they would not come to you with their illness. If you tell them that it is not good for the public or the doctors they will believe you. But we are all so busy that we do not have time to talk it over. All these years our opponents have been spending all kinds of money and now we need to spend plenty. I don't think the amount proposed is near enough. We need double that amount. We must have a good publicity man who can present this thing to the public. I personally know that labor men are definitely and positively opposed to any such idea. A great many soldiers and sailors are likewise opposed to it, but they have been away four years and do not know what it is all about. We give to the Red Cross and Community Chest and now we are going to have to spend a little money on ourselves. It is for the good of humanity and I, personally, think we should double it.

Dr. Vinson: I want to know if it would be feasible to assess the membership to raise this money in order to keep it separate from the dues.

Dr. Rowlett: The recommendation made by the Board of Governors in its report yesterday calls for a raise in the annual dues and requires an amendment to the by-laws. The reasons for this raise are the growth of the Association, and the Asosciation's taking over the expense of entertainment at the annual conventions. Now, in all probability (we hope so anyway) this flare-up of socialized medicine will quiet down, and it may be that this money will not have to be raised. It appears, therefore, that it might be wise to raise the money as we did for the prepaid medical service plan. I know in Hillsborough County it was prorated by the committee. We raised our prorated amount within ten minutes time. With every county society in the state represented here, the information could be carried back to the home society, and I am satisfied that it could be raised as a free-will offering. You cannot make it an assessment. It will have to come as a free-will offering. I think it should be raised in the same manner as the funds for the prepaid medical service plan.

Dr. Blake: This resolution contemplates a complete separation of these funds from those raised for the operation of the Association as a whole. We tried to avoid the use of the word "assessment". While we had no legal advice it was our opinion that if we assessed the membership to raise this money that we would get into the same position as the A. M. A. found themselves in a few years ago regarding income tax. The only way we see that this can be carried out is through raising the dues. Not very many months ago in our society we raised $2,500, most of it within thirty minutes, for this same identical purpose. Unless the doctors are willing to spend a little money to give voice to our side of this issue, it seems to me that we are pretty well sunk. I agree wth Dr. Day that it does not make any difference whether it is $25 or $50. If carried by the House of Delegates, I am sure this money would be raised. A great many people would not contribute but a great many would give $50 or $100 if necessary. This should be carried on, however, as a state project. When we estimated $15,000 or approximately $10 per member, we felt that we were being very conservative, and in the committee we considered increasing this amount.

Dr. Beals: Do you have the information as to how they raised the necessary funds in Ohio?

Dr. Robinson: By raising the dues.

Question from the floor: Do I understand that we will have to raise it this year or do we wait a year to start something? That is, can it be done this year?

Dr. Boling: As I understand the motion this is to be worked out by the Board of Governors. They will determine that.

Dr. Jones: I think this can be clarified a little bit. This body has the power to change the by-laws and if we raise the dues for this purpose also they will both have to be put into one motion. Therefore, I will submit a substitute motion.

Substitute motion made by Dr. Jones that:

An assessment of $25 per capita on the membership of the component societies is hereby made the annual dues of the Association. Included in this amount is a subscription for the Journal and $10 to be set up as an operating fund for the maintenance of a bureau of public relations. Any new or reinstated member accepted into the State Association shall be required to pay a $10 Entrance Fee in addition to his first year's dues of $25. The secretary of each county society shall forward its assessment, together with its roster of all officers and members, and list of delegates, of the county, to the Secretary of this Association thirty days in advance of each Annual Meeting.

Motion seconded. Substitute motion prevailed.

"Your Committee has approved the report of the Committee on Interrelationship as presented by Dr. Wm. M. Davis, chairman, and recommend its adoption."

Motion made and seconded that the report be adopted.

Motion prevailed.

REPORT OF COMMITTEE ON INTERRELATIONSHIP

The Florida Medical Association's Committee on Interrelationship with allied professions during the past year has taken no concerted action on any particular issue, but has cooperated with existing agencies to the extent that the times have permitted.

The Bureau of Professional Relations of the School of Pharmacy of the University of Florida has continued its service to the medical profession, which we feel is most valuable and welcome. Certainly its director, P. A. Foote, is to be most heartily commended and encouraged. His bureau has issued monthly ten times in the past year, bulletins, pamphlets, and follow-up cards to a total of over 62,000. These were sent to 1,263 physicians as well as pharmacists, and we hope all who have received them have read them and kept them for reference.

One hundred and nineteen physicians have written the bureau for information and literature.

With the cessation of war activities and the extra burden of work which the war entailed, it is our hope that some definite organization with representatives from all allied professions may be perfected.

Wm. M. Davis, *Chairman.*

"Part of the report of the Committee on Legislation and Public Policy is covered by the resolution just adopted. Your Committee wishes to approve the balance of the report, also to take this opportunity to commend highly the work of this committee as headed by Dr. H. D. Van Schaick. The Committee recommends that the report be adopted."

Motion made and seconded that the report be adopted. Motion prevailed.

REPORT OF COMMITTEE ON LEGISLATION AND PUBLIC POLICY

The last session of the state legislature closed the early part of June 1945. Through your Journal and news letters to secretaries of county medical societies, the membership was informed about laws of particular interest to public health that were put on the statute books.

Certain trends of thought and ideas that have heretofore been more or less nebulous and vague have been brought into the open. No attempt is made to analyze the causes of unrest in the minds of the public and legislators regarding physicians and medical care in general. This report will deal with remedial suggestions.

It is my opinion that the State Association should employ a competent, well trained publicity man, either part or full time, to take up and correct the constant stream of misstatements and misinformation that flows from practically all publications dealing with medical problems. To accomplish this, a special assessment of $10 per member should be made for one year or for two years. An assessment of $25 per member would be preferable. At my request the Board of Governors is investigating the feasibility of having a public relations

counsel for the State Medical Association, and has referred the matter to the Association's standing committee on Public Relations for study and a report at a future meeting of the Board.

In order that the Association's Committee on Legislation and Public Policy may be properly supported, I recommend that each county medical society appoint a legislative committee and that the name of the chairman of this committee be submitted to the chairman of the State Association's Committee on Legislation and Public Policy without delay. I strongly urge that the chairman of this local committee on legislation be selected with special thought to his qualifications. A chairman certainly should be interested and willing to devote a reasonable amount of time to the work; otherwise that local society will not be properly represented.

Once you have selected a capable chairman, have him hold the chairmanship over a period of years. The experience that the chairman of a committee on legislation gets through the assignment increases his value both to your local society and on a state-wide basis. I cannot overemphasize the fact that it is important to maintain a chairman in office long enough to reap the benefits of the experience he gains and the contacts he makes.

As individual physicians, each member of a local medical society must assume that the problems facing us are his own personal business. Do not expect some national or state organization to accomplish your wishes. Make it a personal matter. Make it a personal responsibility of your own.

The importance of personal contacts and talks with your legislators cannot be overemphasized. Post yourself well on the subject at hand and have constructive suggestions to offer. Never use personalities; and, after submission of the facts, leave the balance to your legislator. Resolutions signed by the secretary and president are helpful, but the most effective force is each individual's personal contact.

Make it a point to devote at least one hour each week to reading and posting yourself on legislative and economic problems, making personal contacts and writing letters to your senators and representatives. Do not be overcritical. When your representatives do something you approve, remember they are human and will appreciate deserved commendation. Make it a point to write once each week or twice a month. Do not fail to do your part.

It is my observation that most of the complaints from the general public toward the medical profession are personal ones. Considerable time should be devoted to complaints; although both sides of the story are not always heard, we must admit there is some justification for such complaints. While we resolve to give more time to our state medical problems, let us also devote a little more time to disgruntled patients; consider their economic status and spend a few minutes explaining details; be a little more patient on the phone when someone at night is in distress; in other words, practice the golden rule a little more.

We are issuing a news letter to the secretaries of the county medical societies, as the occasion demands, and hope that this service is helpful.

If you contemplate proposing any bills for the 1947 session of the legislature, please advise the chairman of the state Committee on Legislation and Public Policy as soon as possible. This information should be submitted not later than Jan. 1, 1947. Under no circumstances should you wait until the legislature is in session. Very little can be accomplished at the legislature unless this information is received well in advance of the 1947 session. The first step is for the state committee to inform all members of the contemplated legislation and its merits. The reasons are obvious. If a bill goes to the legislature and your senator or representative asks his local physician why such a bill is meritorious, it is up to the physician to give a wise answer. First, we must know which bills are of advantage to public health and be able to answer the questions propounded by our representatives in a clear-cut, effective manner or we cannot expect favorable action in the legislature. This is of paramount importance. Certainly it is getting the cart before the horse if a bill is thrown into the legislature and our own members are not in a position to explain the wisdom of making such a bill into law.

Respectfully submitted,

Harold D. Van Schaick, *Chairman.*

"Part of the report of the Committee on Public Relations as presented by Dr. Leigh F. Robinson, chairman, is covered also by the previous resolution. The Committee approves the balance of the report and recommends its adoption."

Motion made and seconded that the report be adopted. Motion prevailed.

REPORT OF COMMITTEE ON PUBLIC RELATIONS

Medical Service Plan

The work of the Public Relations Committee during the last two years has been principally concerned with the study of Hospital and Medical Service Plans through special committees appointed by your President under the direction of this Chairman. At the last meeting of the Florida Medical Association, the House of Delegates adopted the Public Relations Committee's report recommending a thorough study of prepayment medical service plans and the feasibility of endorsing some type of prepayment medical plan for Florida. A resolution was adopted by the House of Delegates "that the Board of Governors study the different plans and companies offering non-profit voluntary medical insurance and present the results of its investigation with recommendation to the profession not later than the 1945 meeting of the Association." The House of Delegates also passed the following resolution:

"Whereas, in view of the great stress being placed by legislative activities on the medical profession for adequate medical care, and

"Whereas, as members of the House of Delegates of the Florida Medical Association we realize the defects of the present system and need for improvement and

"Whereas, the Florida Hospital Association has a group plan for hospitalization under the Blue Cross, therefore,

"Be it Resolved that the House of Delegates of the Florida Medical Association approve this plan in principle and cooperate with the Florida Hospital Association in its endeavor, and

"Be It Further Resolved that the President and Board of Governors specifically name members of the Florida Medical Association to serve in cooperation with the Florida Hospital Association in its installation of the plan."

The Chairman of this Committee was appointed by your President at the request of the Board of Governors to head a special Committee to carry out the purpose of these resolutions. Doctors Walter C. Jones, Edward Jelks, W. McL. Shaw, J. C. Dickinson and Lucien Y. Dyrenforth were appointed as members.

In reference to the instructions of the second resolution this Committee has worked in cooperation with the Blue Cross and was able to smooth out and correct misunderstandings that were natural to arise during the initial two years. We are pleased to report that the Blue Cross has been most cooperative in carrying out our recommendations.

Regarding the resolution for the study of the Medical Service Plans, this Committee's recommendations were made to the Board of Governors on February 4, 1945. These recommendations briefly consisted of endorsing a medical service plan for Florida patterned after the Michigan Medical Service Plan and urged that an enabling act be obtained at the 1945 session of the legislature.

The Board of Governors approved the recommendation and asked your Committee to proceed forthwith toward obtaining such enabling act. The services of Mr. H. Plant Osborne, attorney, of Jacksonville were procured jointly with the Florida Blue Cross and a proposed enabling act was placed in the hands of your legislative committee under the able chairmanship of Dr. H. D. Van Schaick. After quite a battle satisfactory enabling legislation was obtained. Immediately after passage of this legislation your Committee proceeded toward organizing a non-profit prepayment medical service plan. The details of the general plan were brought before the Board of Governors on Oct. 17, 1945, at their meeting in Tampa when a medical service plan of the Michigan general type was adopted. An approximate figure of $25,000 was estimated as necessary to meet initial financial requirements, this amount to be raised by the membership of the Association on a pro rata basis. President Boling named temporary officers, a Board of Directors and an Executive Committee with instructions to proceed toward (1) obtaining a charter, (2) procure necessary operating funds, (3) obtain participating physicians and (4) after obtaining a charter call organization meeting and complete organization.

In compliance with these instructions a charter was obtained on Jan. 11, 1946.

On Jan. 27, 1946, a meeting of the Board of Directors of the new Medical Service Corporation was called. At that meeting the corporation was formally organized, after which it adopted (1) by-laws (2) a surgical benefit contract (3) participating physicians agreement (4) suggested agreement with Blue Cross for joint operation (5) and a resolution that the Board of Governors recommend a fee schedule.

The Board of Governors at a meeting held in the George Washington Hotel in Jacksonville, Feb. 24, 1946, approved in full the:

(1) Charter
(2) By-laws
(3) Surgical Benefit Contract
(4) Participating Physicians agreement and
(5) Physicians Service Report

Regarding the fee schedule it was recommended that a fee schedule be submitted to them based on the Massachusetts and Michigan fee schedules conforming as much as possible to the fee schedules of the Florida Compensation and the Florida Radiological Society.

This recommendation was followed and the resulting proposed fee schedule was considered yesterday at a special meeting of the Board of Governors and with certain changes was adopted, subject to revision from time to time as might be recommended by the Board of Governors of the Florida Medical Association.

At a joint meeting on April 7 of the Executive Committee of the Florida Medical Service and Florida Hospital Service Plans, a tentative working agreement was made for joint administration.

What has been said in the foregoing just about covers the work of your Committee in reference to the Medical Service Plan. In brief the organization has been completed. It has been approved by the Board of Governors of the Florida Medical Association and June first has been set as the tentative date for the new corporation to start operations.

Feasibility of a Department of Public Relations

During the past few years interest in the subject of public relations in medical circles has become greatly intensified. Many state societies now have active public relations committees, some have public relations experts, consultants or directors on a full time or a part time basis. The American Medical Association Council on Medical Service and Public Relations has been productive of a better understanding by the medical profession of its public relationship responsibility and the public made more conscious as to the place the medical profession should fill in all related medical problems. Probably if every state in the union would organize an active public relationship council under the directorship of a full time expert, who in turn would cooperate with the American Medical Association Council, there would soon be very little agitation for political medicine.

At a meeting of the Board of Governors on February 24, the following action regarding Public Relationship was taken. "That the question of investigating the feasibility for a public relations council for the State Medical Association be referred to the Association's Committee on Public Relations."

As already stated many societies have either employed a special public relations man or are contemplating such action. Among these states which have set up special public relations departments, the Ohio State Medical Association impressed your Committee as the most practical and probably the most adaptable to the needs and resources of the Florida Medical Association. That Association has instituted a department of Public Relations under a full time man who is not a physician. He handles all details of public relations. All the work is carried on under the direct supervision of the Executive Council of the State Medical Association and the Committee on Public Relations and Economics.

Closer Collaboration Between the Board of Health and the Florida Medical Association

The members of the State Board of Health and the directors of the County Health Units are physicians and most of them are active members of this Association. They always have shown keen interest in organized medicine. This work covers the most important specialty of medical practice, namely, preventative medicine. Organized medicine has long recognized the need of state aid in the proper practice of preventative medicine and through organized medical efforts we have today the U. S. Public Health Service, the many State Boards of Health and the hundreds of County Health Units. All of these are under the active administration of medical men. Preventative medicine probably is closer to the public than any other branch of medicine, therefore its public relationship is very important to the medical profession. During the years that the Federal and State Health organizations have been developing, the question often has arisen as to whether or not the medical profession has kept close enough contact to this work. In other words, is the Profession at large keeping itself informed as to what is going on in the Federal and its own State Health Departments. On the other hand do these Federal and State Health Departments cooperate fully with organized medicine? There is plenty to be said on both sides of the question. Your Committee believes however that future Public Relationship problems of organized medicine must take into account a closer cooperation between organized medicine and State and County Health Departments. There should be very little, if any, dividing line between the interests of the County Medical Society and the County Health Unit. We believe that if health units and county medical societies would collaborate fully with one another the public will receive better services from its county health unit and as a result the members of the county medical societies will feel their public relations improved. If these premises are sound it would appear, therefore, that it is important that the Board

of Governors of the Florida Medical Association and the Florida Board of Health establish closer contact and encourage full collaboration between county medical societies and health units.

RECOMMENDATIONS

Based on the foregoing report the following recommendations are suggested:

(1) That a Public Relations Department or Council be established by the Florida Medical Association with a full time executive director.

(2) That the new Florida Medical Service Corporation receive the full endorsement and continued sponsorship of the Florida Medical Association; further that the Board of Governors of the Florida Medical Association be directed to assist and direct the policies of the new corporation along the rules laid down by the American Medical Association relative to the ethics of the Practice of Medicine.

(3) That the Florida Medical Association endorse the present policies and work of the Florida Hospital Service Corporation.

(4) That there be established a definite working relationship between the Board of Governors of the Florida Medical Association and the State Board of Health with the view of improving the effectiveness of public health programs in Florida.

Respectfully submitted,

Leigh F. Robinson, *Chairman.*

REPORT OF REFERENCE COMMITTEE NO. 3

Dr. Walter C. Jones, chairman of Reference Committee No. 3, Finance and Administration, was recognized and asked to present the recommendations of that committee.

"The report of the Board of Governors was received and approved, and since it requires certain changes in the By-laws, one of which has already been taken care of as to the raising of dues we will not have to go into that any further.

There is one other recommendation for a change in the By-laws. This consists of an additional section in Chapter II of the By-laws. This section we recommend be changed to read:

Sec. 6. Recommendations made in addresses of officers read before the general session shall be automatically referred to the proper reference committee of the House of Delegates for consideration.

Motion made and seconded that this change in By-laws be adopted. Motion prevailed.

"The Committee has considered the recommendation of the Dade County Medical Society to have Dr. Philipp R. Rezek made an Honorary member of the Florida Medical Association. The Committee felt that it was a rather hazardous procedure and therefore recommended that honorary membership be not approved."

Motion made and seconded that the recommendation for honorary membership be not approved. Motion prevailed.

"The Committee would like to commend the Board of Governors for their excellent work during the past two years, and recommend the adoption of their report as amended."

Motion made and seconded that the report as amended be adopted. Motion prevailed.

REPORT OF BOARD OF GOVERNORS

Seven meetings of the Board of Governors have been held since the last annual meeting, two years ago. The first was at St. Petersburg on April 14, 1944, immediately after the convention. Others were held as follows: at Jacksonville, June 25 and Nov. 5, 1944, and Feb. 4, 1945; at Tampa, Oct. 17, 1945; at Jacksonville, Feb. 24, 1946, and the last meeting was held yesterday, April 21, here in Jacksonville.

As a great many matters came up for consideration at each meeting, it is not practical to detail here all actions taken. The complete minutes of the meetings of the Board of Governors are on file in the Association's office.

At the meeting held on Nov. 5, 1944, the Board took under consideration the matter of holding an annual convention in 1945. It was decided to hold an annual meeting in Jacksonville on April 12 and 13. The Board was forced to rescind this action on Feb. 4, 1945, owing to a government ban on all conventions which would be attended by more than fifty persons. Mr. Sam Marks, the Association's attorney, ruled that the Board had full executive authority in the matter of canceling the convention. Mr. Marks, after a study of our constitution and by-laws, further ruled that the officers elected at the last meeting of the Association would hold office until a convention could be held and new officers elected and installed. Bans on conventions having been lifted prior to the meeting of the Board on October 17, 1945, it was at that time decided to hold the annual meeting in 1946. Jacksonville was designated as the place of meeting and the dates decided on by the Board were April 22, 23 and 24, 1946. The program for the convention was scheduled as shown in your printed program.

At most of the meetings of the Board, considerable time was taken up with a discussion of prepaid hospital and health service. On recommendation of the House of Delegates, Dr. Boling appointed a committee consisting of Dr. Leigh F. Robinson, chairman, Dr. Edward Jelks and Dr. Walter C. Jones to work on this program. This committee made progress reports at each of the Board meetings. The plans promulgated by this committee, before and after the last session of the legislature, recommended the formation of prepaid hospital and medical service corporations and were in principle approved by the Board.

During the last two years, the Board bestowed honorary membership on the following doctors on recommendation of the county medical societies of which they were members: John F. Mason, Bradenton; Robert C. Boothe, Ft. Pierce; William T. Elmore, Gainesville; James H. Hartman, Clayton E. Royce and Raymond Sanderson, Jacksonville; A. G. C. Stetson, Lakeland; Benjamin F. Hodsdon, Frank L. Keeler, Thomas E. Kinsey, John B. Seeds and James W. Smith, Miami; Thomas H. Wallis, Ocala; Paul T. Butler, Orlando; Henry D. Smith, Sanford, and William E. Sherman, Winter Haven. No action was taken on the application by Dade County Medical Society for honorary membership for Philipp R. Rezek. Since Dr. Rezek is not licensed to practice in Florida, the Board decided to refer the application to this meeting of the House of Delegates. Attached is the application, dated Dec. 4, 1944. It was ruled that honorary members must become active members and pay dues if and when they resume the practice of medicine.

At the meeting held on June 25, 1944, it was decided that doctors holding temporary licenses issued by the State Defense Council were eligible for membership in the Association on the same basis as members holding regular licenses, but that such eligibility obtain only so long as their temporary licenses were in effect.

Dr. James T. Harrington of Poughkeepsie, N. Y., was extended the floor as a representative of the Veterans' Administration at the meeting held on Feb. 24, 1946. He discussed plans for providing medical and hospital care for veterans. The Board declared itself in a receptive mood toward a plan for having our members care for certain types of veteran patients. President Boling appointed a special committee, Dr. Frederick H. Bowen, chairman, with Dr. Douglas D. Martin and Dr. Joseph S. Stewart as members, to confer with the Veterans' Administration in formulating a plan.

Other actions of the Board included the approval of the report of our delegates to the A. M. A. meeting in 1944 by Drs. Edward Jelks and Homer L. Pearson; acceptance of Dr. Mallory's resignation as alernate delegate to the A. M. A. and appointment of Dr. Duncan T. McEwan to fill his place; approval of the report of Drs. Julius C. Davis, Walter C. Jones and Frank D. Gray who had been appointed by President Boling as a committee on medical planning to confer wth Governor Spessard L. Holland and the incoming governor, on special health problems; appointment of Drs. Robert B. McIver and Edward Jelks to draw up a resolution to be mailed to Florida Senators and Representatives in Washington, urging early discharge of medical officers in the armed services; increase of subscription price of the Journal from $3.00 to $5.00 on recommendation of Dr. Pearson, editor; endorsement of a project of the National Research Council for improving flour and bread by enrichment; and approval of form for honor certificates to living past presidents. President Boling was tendered a vote of thanks for the splendid manner in which he presented his testimony in Washington before the U. S. Subcommittee on Wartime Health and Education, and Dr. Van Schaick was commended for his work as chairman of the Committee on Legislation and Public Policy and requested to continue his efforts to obstruct national legislation detrimental to the interests of public health.

On behalf of the Dade County Medical Society, Dr. Homer L. Pearson presented to the Board of Governors at a recent meeting an invitation to the Association to meet in Miami in 1947. The invitation was favorably received and the Board recommends to this meeting of the House of Delegates that it be officially accepted.

The matter of the Association's finances has been discussed in detail. Owing to the fact that facilities for holding a convention of the Association are adequate in only a few of the larger cities, the members in those few cities are called on frequently to donate funds for the entertainment of the convention. It is felt that whatever funds are necessary to provide entertainment at our annual meetings should come out of the Association's treasury. Furthermore, the continued enlargement of the Association's activities, the increased cost of printing, office rent, equipment and salaries make it advisable at this time to increase the income of the Association. Your Board, therefore, recommends that the annual dues be raised $5.00 per member.

RECOMMENDATIONS

1. That the 1947 annual meeting be held in Miami, as requested by the Dade County Medical Association.

2. That Chapter II of the By-Laws be amended by adding section 6, to read as follows:

Sec. 6. Recommendations made in addresses of officers read before the general sessions shall be automatically referred to the House of Delegates for action. (*Amended*)

3. That Section 1, Chapter VIII, be amended to read as follows:

Sec. 1. An assessment of $15 per capita on the membership of the component societies is hereby made the annual dues of the Association. Included in this amount is a subscription for the Journal. Any new or reinstated member accepted into the State Association shall be required to pay a $10 entrance fee in addition to his first year's dues of $15. The secretary of each county society shall forward its assessment, together with its roster of all officers and members and list of delegates, to the secretary of this Association thirty days in advance of each annual meeting. (*Amended*)

REQUEST OF DADE COUNTY MEDICAL ASSOCIATION

The application for honorary membership of Philipp R. Rezek, M. D., is referred to the House of Delegates, as no action was taken by the Board of Governors because he does not hold a license to practice medicine in Florida.

Respectfully submitted,
Wm. M. Rowlett, *Chairman.*

"The Committee received the report of the War Participation Committee as presented by Dr. Jelks, chairman. The Committee recommends that the report be accepted, that the committee be disbanded, and that a vote of thanks be extended to Dr. Jelks for his efforts in behalf of this committee during the war session."

Motion made and seconded that the recommendations of the committee be adopted. Motion prevailed.

REPORT OF COMMITTEE ON WAR PARTICIPATION

Except for the closing out of activities which had been in operation during the war, the work of the War Participation Committee naturally stopped after V-J Day.

When fighting ceased, hospitals were working under the 999 Program. This meant a marked restriction in the quota of residents and interns. Very wisely, the Military and Procurement and Assignment Services decided against deferment of interns and directed that resident positions be filled by returning veterans. The number of these residents allowed each hospital was not limited. Everyone desired to cooperate with agencies that were trying to provide medical training for doctors returning from active military duty. Operating under this arrangement, the hospitals in Florida have secured for their resident staffs released medical officers.

Even before V-J Day, the Procurement and Assignment Service had been successful in securing the return of a few physicians. With the increased speed in discharging medical officers after V-J Day, the places in Florida, which had been in critical need of doctors were rapidly supplied with them. It was the privilege of the War Participation and Procurement and Assignment Committee to take an active part in this relocation of doctors. The result is that now no communities in the state are critically short of physicians because of conditions incident to the war.

In the last months of 1945, it became apparent that shortly it would not be necessary to obtain temporary licenses for doctors to practice in areas of acute medical shortages. During the war a total of sixty-two were granted. None have been obtained since the first of February. All of these licenses will cease to be effective July 1, 1946.

The granting of these temporary licenses was probably the most radical departure from peace-time regulations of the practice of medicine in Florida. Attempt was made to carry it out so that no weakening of the laws of licensure in this state would result. Fortunately, practically every one of the doctors who volunteered for this work have served the communities in such a manner as to make themselves welcome to the local profession, as well as to the laity. They have rendered a great service and one for which the medical profession of Florida should be grateful.

On the whole, the work of this committee has stimulated very little adverse criticism. The press has been sympathetic. The citizenry, at large, has appreciated the problems and encouraged rather than hindered the work. Government officials have not assumed unwarranted authority. The State Director of Selective Service, his office personnel, and Selective Service Boards in Florida have given us complete cooperation.

Judging from records and the apparent impression made by the War Participation and the Procurement and Assignment Committees, the average American appreciates the intentions and the accomplishments of the medical profession in the work on the home front. Not only was it our objective to aid in furnishing medical attention to the military forces but, also, we undertook the larger problem of providing medical care for all the people—many of whom were families of the men and women on active duty in the military forces.

In Florida, it would have been impossible to make any head-way in this fine work, had it not been for the loyal and tireless efforts of the members of the Florida Medical Association. The Business office of this Association furnished every facility it had. The State Board of Medical Examiners and the State Civilian Defense Council made it possible for us to obtain temporary licenses for doctors to serve in critical areas. County and State committees—besides making general surveys—furnished the state office with information and recommendations on local problems which guided decisions through the state office in Washington.

Your State War Participation Committee, in cooperation with county committees, has served the Association with pleasure. Now, that its work is completed, and the Florida Office of Procurement and Assignment Service has been closed since March 31, 1946, we request that this committee be discharged.

Respectfully submitted,
Edward Jelks, *Chairman.*

"The Committee received and approved the report of the Council as presented by Dr. F. J. Waas, chairman, and recommend that it be accepted with commendation."

Motion made and seconded that the report of Council be accepted with commendation. Motion prevailed.

REPORT OF COUNCIL

During the month of October 1945 four district medical meetings were held in the following cities: Tallahassee, Ocala, Tampa and Miami. These were the first meetings held since the fall of 1941. Since the war effort had caused a lapse of this particular activity of the Council, no scientific papers were read, and the meetings were held in the evenings, preceded by dinners. The program for the four meetings followed one pattern, with the following speakers: Dr. John R. Boling, president; Dr. Shaler Richardson, president-elect; Dr. Robert B. McIver, secretary-treasurer; Dr. Homer L. Pearson, editor of the Journal; Dr. William M. Rowlett, chairman of the Board of Governors; Dr. Edward Jelks, chairman of the War Participation Committee; Dr. Leigh F. Robinson, chairman of the Prepaid Hospital and Medical Care Committee, and Dr. Harold D. Van Schaick, chairman of the Committee on Legislation and Public Policy. The chairman, assisted by the councilors in each district, presided at the meetings.

Invitations were accepted to hold the 1946 district meetings in the following cities:

Northwest District—Pensacola
Northeast District—Gainesville
Southwest District—St. Petersburg
Southeast District—Ft. Lauderdale

Much of the strength of the Association is derived from the district medical meetings, where officers and members can discuss problems informally. The meetings were well attended, with a general atmosphere of good fellowship. Many returned medical officers were in attendance, and many members who were tied down during the long war years enjoyed this opportunity to meet the officers of the Association, and their colleagues.

A complete writeup of each district medical meeting was published in the December, 1945, Florida Medical Journal.

During the past two fiscal years, no matters of a controversial nature were referred to the Council.

Respectfully submitted,
Frederick J. Waas, *Chairman.*

"The Committee received and approved the report of the Committee on Necrology as presented by Dr. J. C. Vinson, chairman, and recommend that it be accepted."

Motion made and seconded that the report of the Committee on Necrology be accepted. Motion prevailed.

REPORT OF COMMITTEE ON NECROLOGY

During the last two fiscal years our Association lost by death the members whose names are listed below:

Elmer H. Adkins, Miami Beach
Andrew B. Albritton, Wildwood
John W. Alsobrook, Plant City
William D. Anderson, Tarpon Springs
Wilbur O. Arnold, West Palm Beach
W. L. Ashton, Melbourne
Ira F. Bean, Melbourne
Albert J. Bertram, Miami
John M. Biedler, Ft. Lauderdale
Ephraim M. Brevard, Tallahassee
L. V. L. Brown, DeLand
Thomas E. Buckman, Jacksonville
William B. Buckner, Jacksonville Beach
Julian H. Buff, Orlando
Edward M. Coleman, Clermont
Roy O. Cooley, West Palm Beach
Frederick H. Dieterich, Miami
Norman E. Ditman, Palm Beach
Walter H. Dyer, Tampa
Chapman Dykes, Haines City
John C. Ellis, Panama City
Lawrence T. Galphin, Fernandina
David R. Godlin, Miami Beach
Julian L. Hargrove, Bartow
Andrew J. Harness, Miami
George L. Harrell, Vero Beach
Hugh W. Henry, New Smyrna Beach
Gerry R. Holden, Jacksonville

Roy Howe, Daytona Beach
Lawrence C. Ingram, Orlando
John A. Johnston, Ft. Lauderdale
Maurice A. Kugel, Miami Beach
William T. Langley, Sanford
William Linder, Miami Beach
Toliver M. McDuffee, Manatee
James W. McMurray, Williston
John E. Maines, Sr., Lake Butler
Douglas G. Meighen, Tampa
Allen H. Miller, Millville
Otto W. Schwalb, Ft. Lauderdale
Peter T. Skaggs, Miami
Henry D. Smith, Sanford
Maximilian Stern, Daytona Beach
R. E. Summitt, Gainesville
David C. Thompson, Canal Point
Smith L. Turner, Bronson
Paul B. Welch, Miami

When possible, obituaries have appeared in the Journal relative to the deaths of these doctors. Tributes have been paid to them in the different communities where they have practiced.

May we at this time stand for a moment of silence, in reverence and respect to the memory of our departed colleagues.

Respectfully submitted,

John C. Vinson, *Chairman.*

"The Committee received and approved the report of the committee on Scientific Work as presented by Dr. H. E. White, chairman, and recommend that the report be accepted as read."

Motion made and seconded that the report be accepted as read. Motion prevailed.

REPORT OF COMMITTEE ON SCIENTIFIC WORK

The report of our committee is for the last fiscal year. This committee has no report for the previous fiscal year, as the State Association's annual meeting for that year was canceled.

One of the duties of the Scientific Work Committee was to secure nine doctors to present papers at the scientific sessions. The program to be presented tomorrow and Wednesday indicates the results of our efforts. We feel that the scientific program this year will be exceptionally good. The essayists are all members of the State Association and they were carefully selected to represent, as far as possible, all districts of the state, and to have a program of diversified subjects in order to be of as much general interest as possible.

Since there were no scientific papers read at the four district medical meetings, our committee was not called upon for assistance. As chairman of this committee, I attended the district medical meeting last October in Ocala, and the one held in Tampa. At all of the district medical meetings an urgent appeal was made by me as chairman, or by representation, for all members who wished to read scientific papers at the state convention to make application promptly. This same appeal was made in several issues of the Florida Medical Journal. If any important paper was overlooked by the committee, it was because the author failed to make application.

I wish to express appreciation for the cooperation of the officers of the Association, friends and members of the Scientific Work Committee who assisted in the preparation of the scientific program.

Respectfully submitted,

Herbert E. White, *Chairman.*

"The Committee has discussed the proposed change in the Board of Governors as suggested by the Public Relations Committee, and recommends that Chapter VII, Sec. 2 of the By-Laws by amended to read as follows:

Sec. 2 THE BOARD OF GOVERNORS, APPOINTMENT AND DUTIES—The Executive Committee (or Board of Governors) shall consist of the President, the President-elect and Secretary, ex-officio, the last two living immediate past presidents and six members to be appointed by the President. The President shall appoint four members, one from each of the four medical districts, one for one year, one for two years, one for three years and one for four years, and thereafter they shall be appointed for a term of four years as the terms expire. The President shall also appoint each year one member at large for a term of one year, and may appoint one member of the State Board of Health who is a member of the Florida Medical Association for one year. Each immediate past president shall automatically become a member of this committee for a term of two years. The President shall select the chairman of this committee. It shall consider and act upon all matters of business pertaining to the Association in the interval between the annual meetings.

Motion made and seconded that this proposed change in the By-Laws be adopted. Motion prevailed.

Dr. Boling: Thank you, Dr. Jones, and the members of your Committee.

Dr. Colquitt Pearson: I would like to ask one question. When this Public Relations Bureau is going to be started?

Dr. Boling: As we interpret it, that was to be referred to the Board of Governors to work out a plan.

Motion by Dr. Pearson that the Board of Governors be authorized by this House of Delegates to start this plan immediately and to raise the necessary funds to get it started by voluntary contribution for the first year until the funds can be raised by dues. Motion seconded. Motion prevailed.

Motion by Dr. Sugg that the Board of Governors be directed, if they find that the standing of the Florida Medical Association is being impaired by this new expenditure, to take whatever measure necessary to accomplish the same purpose in some other manner. Motion seconded. Motion prevailed.

There being no further business, on motion duly made, seconded and carried, the House of Delegates adjourned, sine die.

SCIENTIFIC ASSEMBLIES

FIRST SCIENTIFIC ASSEMBLY

The Scientific Assembly convened at 2 p. m., Tuesday, April 23, in the Ballroom of the George Washington Hotel, with Dr. Herbert E. White presiding. The following papers were read and discussed:

1. "Public Health Problems in Florida," Wilson T. Sowder, Jacksonville.

2. "Pulmonary Resection in Nontuberculous Diseases of the Chest," William O. Fowler, Orlando.

3. "Peripheral Vascular Disease," George D. Lilly, Miami.

4. "Abdominal Incisions and Suture Ma terials," Vernon A. Lockwood, St. Augustine.

5. "Significance of Soft Tissue Injuries,' Richard F. Stover, Miami.

SECOND SCIENTIFIC ASSEMBLY

The second Scientific Assembly was held Wednesday, April 24, at 9:30 a. m.; Dr. Herbert E. White presiding. The following papers were read and discussed:

6. "Treatment of Sacroilac Sprain by Manipulation," A. M. Bidwell, Tampa.

7. "Principles Governing the Treatment of Amebic Infection in the Intestine," James L. Borland, Jacksonville.

8. "Infantile Scurvy," Alvyn W. White, Pensacola.

9. "The Role of the Rh Factors in Clinical Medicine," James N. Patterson, Tampa.

Dr. Herbert E. White: As chairman, I would like to express the appreciation of the committee for your attendance at these scientific sessions.

As many of you know, I have been on the Scientific Program Committee a number of years, and I can certainly say that the scientific sessions just completed have been better attended than any since I have been on the committee. I want to thank you, gentlemen, for making it a success.

REGISTRATION

The total registration during the seventy-second annual meeting of the Florida Medical Association, held in Jacksonville, April 22, 23 and 24, was 886; members, 481; visiting doctors, 72; other guests, 5; exhibitors, 136; Woman's Auxiliary, 192.

REGISTRATION LIST

OFFICERS

John R. Boling, President ..... *Tampa*
Shaler Richardson, President-Elect ..... *Jacksonville*
W. C. McConnell, 1st Vice President ..... *St. Petersburg*
H. A. Day, 2nd Vice President ..... *Orlando*
R. D. Ferguson, 3rd Vice President ..... *Ocala*
Robert B. McIver, Secretary-Treasurer ..... *Jacksonville*
Homer L. Pearson, Editor ..... *Miami*
Stewart G. Thompson, Managing Director ..... *Jacksonville*

MEMBERS

Apalachicola: Terry Bird. *Arcadia*: Gordon H. McSwain, J. A. Simmons. *Archer*: F. C. Jones. *Bartow*: C. H. Murphy, W. F. Peacock. *Bradenton*: L. W. Blake, W. D. Sugg, W. E. Wentzel. *Branford*: P. C. Farnell. *Century*: J. I. Turberville, J. Sam Turberville. *Chattahoochee*: J. T. Benbow, W. D. Rogers. *Chiefland*: W. C. Young. *Chipley*: B. W. Dalton. *Cocoa*: T. C. Kenaston, Walter Page. *Coral Gables*: Jack Q. Cleveland, Warren W. Quillian, Arthur H. Weiland. *Cross City*: J. M. Anderson. *Crystal River*: W. B. Moon. *Dade City*: W. Wardlaw Jones. *Daytona Beach*: C. D. Cochrane, P. A. Drohomer, George M. Green, H. Hausman, R. D. Higgins, E. H. Lenholt, R. L. Miller, Philip F. Prioleau, J. E. Rawlings, Morris B. Seltzer, Vaughan A. Shaw, Ludo von Meysenbug. *DeLand*: T. H. Dillard, Hugh West. *Eustis*: R. H. Williams. *Fernandina*: George A. Dame, John W. McClane. *Foley*: W. J. Baker. *Fort Lauderdale*: Robert Blessing, O. C. Brown, Russell B. Carson, Anna A. Darrow, Donald H. Gahagen, Elliott M Hendricks, Garland M. Johnson, Richard A. Mills, C. A. Peterson, F. D. Pierce, Leigh F. Robinson, F. Leslie Snyder, C. H. Sory, R. H. Stovall. *Fort Myers*: William H. Grace, H. Quillian Jones. *Fort Pierce*: H. D. Clark, M. D. Council, A. M. Sample, L. L. Whiddon. *Gainesville*: C. F. Ahmann, Edwin H. Andrews, Henry J. Babers, F. Emory Bell, A. T. Cobb, J. Maxey Dell, J. M. Dell, Jr., Frank M. Hall, W. Lassiter, John E. Maines, Jr., Harry Merchant, Walter E. Murphree, Stuart Scott, D. T. Smith, Thomas A. Snow, John H. Thomas, W. C. Thomas. *Green Cove Springs*: Edwin H. Brown. *Havana*: J. W. Sapp. *Hawthorn*: George M. Floyd. *Hollywood*: Rudolph W. Heath. *Inverness*: Claude L. Carter.

Jacksonville: Neil Alford, Robert M. Baker, Donald M. Baldwin, William H. Ball, W. C. Bayless, John A. Beals, Sullivan G. Bedell, John B. Black, J. L. Boone, James L. Borland, F. H. Bowen, Charles W. Boyd, H. L Brillhart, Oliver P. Broadbent, W. H. Brooks, Alan Brown, John R. Browning, J. M. Bryant, E. Canipelli, A. F. Caraway, E. I. Carefoot, Cornelia M. Carithers, Hugh A. Carithers, T. Z. Cason, B. A. Chapman, Joseph L. Chilli, Thomas B. Christian, S. M. Copeland, H. W. Counts, George W. Croft, Theo. G. Croft, Russell H. Dean, Horace R. Drew, S. E. Driskell, L. Y. Dyrenforth, Stanley Erwin, Joel Fleet, F. L. Fort, James V. Freeman, Julian E. Gammon, Clifford J. Gay, Lawrence E. Geeslin, Banks H. Goodale, Henry Hanson, Karl Hanson, O. E. Harrell, William G. Harris, D. F. Harwell, J. W. Hayes, Charles F. Henley, Graham E. Henson, C. M. Hogan, Luther W. Holloway, Phillip W. Horn, H. Foxworth Horne, F. K. Hurt, Gordon H. Ira, Thomas M. Irwin, Edward Jelks, C. W. Johnston, S. I. Kemp, R. R. Killinger, Raymond H. King, W.

Jerome Knauer, L. S. Laffitte, Janet Leser, Louie Limbaugh, Thomas H. Lipscomb, John F. Lovejoy, J. G. Lyerly, E. F. McCall, W. H. McCullagh, R. L. McDaniel, H. F. McDuffie, H. B. McEuen, Albert C. McKenzie, Charles B. Mabry, Bert H. Malone, Ben Manhoff, W. S. Manning, A. Mackenzie Manson, Lillian C. Mark, Lucille J. Marsh, Paul H. Martin, Carl C. Mendoza, Webster Merritt, Ernest B. Milam, George M. Mitchell, John H. Mitchell, L. N. Moe, Kenneth A. Morris, A. S. Morrow, Nelson A. Murray, S. R. Norris, Aaron Z. Oberdorfer, Frederick Oetjen, J. H. Owens, L. L. Parks, R. J. Pearson, Jr., Harry A. Peyton, Harper L. Proctor, James H. Randolph, Ferdinand Richards, George W. Richardson, F. D. Roach, W. W. Rogers, C. D. Rollins, William E. Ross, F. H. Schnauss, W. R. Schnauss, E. T. Sellers, Frank G. Slaughter, M. Crego Smith, Lauren M. Sompayrac, R. F. Sondag, Wilson T. Sowder, Walker Stamps, William M. Stinson, A. D. Stollenwerck, I. J. Strumpf, E. C. Swift, H. Marshall Taylor, E. H. Teeter, L. V. Tyler, E. W. Veal, Frederick J. Waas, Leo M. Wachtel, Walton Wall, Clayton Washburn, Edward C. Watt, Nathan Weil, Jr., Albert H. Wilkinson, Ashbel C. Williams, A. K. Wilson, J. Frank Wilson, B. F. Woolsey, R. S. Wynn.

Jacksonville Beach: Thomas Stanley. *Key West*: James B. Parramore. *Lacoochee*: W. H. Walters. *Lake City*: T. H. Bates, R. B. Harkness, Harry S. Howell, J. F. Pitman. *Lakeland*: J. W. Annis, J. R. Boulware, Jr., F. S. Gachet, G. C. Overstreet, T. H. Roberts, W. L. Tillis, Herman Watson. *Leesburg*: Marion B. O'Kelley. *Live Oak*: Irby H. Black. *Lutz*: Clayton E. Royce. *McIntosh*: J. L. Strange. *Madison*: A. F. Harrison, *Marianna*: A. E. Budde, James T. Cook, D. A. McKinnon, C. D. Whitaker. *Melbourne*: I. M. Hay.

Miami: Lassar Alexander, James L. Anderson, H. A. Barge, T. E. Cato, Gail E. Chandler, M. B. Cirlin, Milton M. Coplan, E. W. Cullipher, John E. Dees, L. W. Dowlen, Carl E. Dunaway, W. H. Ellis, George Ferre, M. Jay Flipse, Elmo D. French, J. Raymond Graves, Charles E. Hebard, Jack Humphreys, John J. Jares, Walter C. Jones, Carlos P. Lamar, R. Lefholz, George D. Lilly, A. B. Litterer, Joseph H. Lucinian, Jack A. McKenzie, P. J. Manson, Claude G. Mentzer, John D. Milton, C. Russell Morgan, E. Sterling Nichol, Benjamin G. Oren, Sam W. Page, Jr., Frazier J. Payton, Colquitt Pearson, Nelson T. Pearson, C. L. Perry, Jack O. W. Rash, W. Carlton Rentz, Wiley M. Sams, Ralph S. Sappenfield, E. Clay Shaw, Donald W. Smith, J. W. Snyder, Donald G. Stannus, Franz Stewart, Joseph S. Stewart, Richard F. Stover, Harold D. Van Schaick, Herbert W. Virgin, Jr., F. A. Vogt, Harrison A. Walker, George Williams, Jr., A. W. Wood, Frank M. Woods, Corren P. Youmans, Iva C. Youmans. *Miami Beach*: Lewis Capland, Walter T. Hotchkiss, Emil M. Isberg, Carl S. McLemore, W. Duncan Owens, Cayetano Panettiere, Virgil H. Pieck, E. J. Thomas, D. Ward White.

Micanopy: I. A. Dailey. *Ocala*: Hugh H. Barfield, Bertrand F. Drake, E. G. Lindner, Carl S. Lytle, J. N. Moore, Eugene G. Peek, Ralph E. Russell, T. H. Wallis, H. F. Watt. *Orlando*: J. R. Chappell, C. J. Collins, Leland H. Dame, Spencer A. Folsom, W. O. Fowler, Edward T. Furey, Frank D. Gray, R. P. Henderson, Edgar E. Hitchcock, C. D. Hoffmann, Eugene L. Jewett, Allan Jones, W. J. Kasboum, L. H. Kingsbury, A. C. Kirk, Duncan McEwan, J. S. McEwan, Meredith Mallory, William S. Mitchell, P. L. Moon, Louis M. Orr, G. S. Osincup, Paul L. Owens, J. A. Pines, Frank J. Pyle, Sam F. Ricker, Don C. Robertson, W. E. Sinclair, W. Henry Spiers, R. D. Thompson, Walter A. Weed. *Palatka*: Grover C. Collins, Allen P. Gurganious. *Palm Beach*: O. L. Kelley, B. B. Sory, Jr. *Panama City*: W. C. Roberts.

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From Our President

COMMITTEES OF THE ASSOCIATION

The Florida Medical Association is now in the most critical period of its existence. The particular importance of this first postwar year on which it now embarks can hardly be overestimated. The possibilities alone of governmental medicine and various other political infringements on the right of physicians to carry on their practice as they see fit overshadow many other reasons for smooth and aggressive functioning of the Association. The complex and pressing problems of today demand keener interest, heightened activity and increased alertness on the part of the membership.

To be truly constructive in a time both of special need and of great opportunity, the year's work must be accomplished through the carefully integrated and purposeful operation of the various committees of the Association. A committee is set up for practically every duty and phase of the Association's activities, and each is expected to function in its designated sphere, thereby largely obviating the necessity for special committees. Some committees, because of the nature of their assignment, work all the time. The legislative committee, for example, has a tremendous task, both in its state and national relations. On the other hand, some excellent committees may not be called upon to function at all within the scope of one year's work, but they are none the less important for they are prepared to do so should occasion arise. A number of the committees have been inactive during the war, but they will now resume their place in the operational scheme.

The membership of the committees is distributed geographically throughout the state so that every section is represented. In making the committee appointments for my year as president of the Association, I have made every effort to place in the key position of chairman of each committee a strong man highly qualified for the special service assigned and experienced enough in the work of the organization to understand and appreciate the desires of the membership as a whole.

During this period of readjustment for the members returning from military service, in relocating there will of necessity be much shifting, and many physicians will come to Florida to practice. Their interests will be given every consideration. In making my appointments, I have endeavored whenever possible to appoint returned service men.

Some committees bear the brunt of the Association's work. As an example, the Board of Governors must carry on this work between the meetings of the House of Delegates, which take place once a year at the annual meeting. During the last fiscal year, this Board met three times, in October, February and April, with not only a quorum present but usually a full attendance. Although extremely busy, the members demonstrated their desire to carry on by traveling from every section of the state at their own expense and at great personal sacrifice.

The central office of the Association is always eager to cooperate with the various committees in expediting their work. During the last few years a great part of the correspondence of the committees has been carried on through this office. Problems in connection with legislation and with displacement and replacement of medical practitioners have in particular caused the officers and the members of many of the standing committees a great deal of anxiety and extra effort. For these as well as numerous other reasons, the detail work in the central office has increased materially at a time of unusual difficulty, but the added responsibilities have been met adequately and gladly. Any expansion of committee work now means expansion of the work of the central office.

With all committees functioning smoothly under the able leadership of their chairmen, a year of progress is assured. I anticipate the heartiest cooperation of the committees and the entire membership in the difficult work that lies ahead.

Thales Richardson

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(Terms expire Dec. 31, 1947)



SHALER RICHARDSON, M. D.
President Florida Medical Association

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SHALER RICHARDSON, PRESIDENT

Dr. Shaler Richardson acceded to the presidency of the Florida Medical Association at the seventy-second annual convention, held in Jacksonville on April 22, 23 and 24. This honor comes as a fitting climax to many years of loyal, efficient and untiring service to the Association.

Dr. Richardson, the son of Dr. Clement Lanier and Emma Arnold Richardson, was born on Feb. 27, 1891, at Lake Charles, La. His parents were North Carolinians, and the father, a graduate of the University of North Carolina, served in the Confederate Army. He practiced medicine in Lake Charles for fifty years, and an uncle, Dr. William Marshall Richardson, spent in Florida forty of the sixty years he was engaged in the practice of medicine.

In 1913 Dr. Richardson received the degree of Doctor of Medicine from Vanderbilt University. He was an intern at the Memphis City Hospital for two years immediately after graduation and from 1917 to 1919 served his country in World War I as a Major in the Medical Corps of the United States Army. At the conclusion of his military service he was for four years resident at the New York Eye and Ear Infirmary.

Coming to Jacksonville in 1922, Dr. Richardson has since practiced his specialty there and has been most active in the interests of organized medicine. For six years he was a member of the Florida Board of Health and for the last two years of this period was its president. He is president of the St. Luke's Hospital Staff, a past president of the Duval County Hospital Staff, Chief of Eye Service at St. Vincent's, St. Luke's and the Duval County hospitals, ophthalmologist to Riverside Hospital, consulting ophthalmologist to Flagler Hospital at St. Augustine, to the Florida East Coast Railway and to the State Welfare Board, and a member of the Advisory Board of the Florida Council for the Blind.

Dr. Richardson is a member of the Duval County Medical Society, Florida Medical Association, Florida Society of Ophthalmology and Otolaryngology, of which he is a past president, Southern Medical Association, American Ophthalmological Society and American Academy of Ophthalmology and Otolaryngology. In addition, he is a fellow of the American Medical Association, American College of Surgeons and Southeastern Surgical Association, and is certified by the American Board of Ophthalmology. His academic fraternity is Sigma Nu, and his medical fraternity is Phi Beta Pi; he also holds membership in the honorary medical fraternity, Alpha Omega Alpha. Locally, he is a member of the Timuquana Country Club and the Florida Yacht Club. Other activities include the authorship of numerous valuable contributions to medical literature.

When the new president became president-elect in 1944, he had served since 1925 as Secretary-Treasurer of the Association and Editor of the Journal. After nineteen years of devoted service in this dual capacity and two years as president-elect, he now heads the Association at a turbulent and crucial period of this early postwar era. His winning personality and broad experience, coupled with innate ability, tact and

wisdom, fit him admirably for the responsibilities of this office and assure the Association forthright and courageous leadership when it is most needed.

H. L. P.

NEW OFFICERS OF ASSOCIATION

After a spirited contest, reminiscent of prewar days, the following officers were elected at the last General Session of the Association, held in Jacksonville on April 24: president-elect, Dr. W. C. Thomas, Gainesville; first vice president, Dr. E. C. Swift, Jacksonville; second vice president, Dr. John W. Snyder, Miami; third vice president, Dr. James B. Parramore, Key West. Dr. Robert B. McIver was re-elected secretary-treasurer, and the editor of the Journal was also re-elected. Dr. Shaler Richardson, president-elect for two years, was elevated to the presidency.

The honor and responsibility given me in my re-election to the editorship are truly appreciated. I shall renew my effort to help make the publication a source of encouragement and inspiration to its readers.

H. L. P.

THE ANNUAL MEETING

The seventy-second annual meeting of the Florida Medical Association was held in Jacksonville, April 22 to 24, inclusive. The total registration was 886. Of this number, 481 were members of the Association, 72 were visiting doctors, 5 were members of allied professions, 136 were representatives of exhibiting firms and 192 were members of the Woman's Auxiliary. At the Association's dinner, held on the Roof Garden of the Mayflower Hotel, there were 450 in attendance. The registration at this convention set a record unsurpassed in the history of the Association, as it exceeded the previous largest registration, which occurred at the Tampa meeting in 1940, when the total was 879.

The officers and committeemen of the Duval County Medical Society, as well as the local Woman's Auxiliary, made elaborate preparations for this convention and continued their efforts throughout the meeting to care for the comfort and pleasure of those in attendance.

This was the first meeting in several years effort. The convention occupied the usual time, which was not streamlined because of the war from Sunday to Wednesday noon. There were two scientific assemblies at which nine papers were presented. During Sunday and on Monday forenoon, nine specialty groups held their meetings. The scientific assemblies and specialty group meetings were well attended. Dr. Herbert E. White, chairman of the Association's Committee on Scientific Work for a number of years, stated that the attendance at the scientific assemblies was greater than in previous years.

The technical exhibits were located in the Auditorium of the George Washington Hotel, and although this room is 100 feet square, it was filled with exhibit booths; a number of firms had to be turned away for lack of space. The booths were erected by the American Exhibition Company of Birmingham, who has handled this work for the Association for a number of years.

The Association's seventy-third annual convention will be held in Miami, the dates to be set by the Board of Governors.

Complete proceedings of this annual meeting, the official list of registrants, and Echoes of the Convention are published elsewhere in this Journal.

H. L. P.

PROGRAM OF GRADUATE SHORT COURSE
JUNE 17-30, 1946

The Fourteenth Annual Graduate Short Course will convene on June 17 at the George Washington Hotel, Jacksonville. Registration will begin at 8 a.m., and the first lecture promptly at 9 a.m.

A complete sechedule for the Medical Postgraduate Course appears in this Journal.

FACULTY

Medicine—Dr. William A. Sodeman, Professor and Head of Department of Preventive Medicine, School of Medicine, Tulane University of Louisiana.

Pediatrics—Dr. Joseph Yampolsky, Associate Professor of Pediatrics, Emory University Medical School.

Surgery—Dr. William F. Rienhoff, Jr., Associate Professor of Surgery, Johns Hopkins University.

Obstetrics—Dr. Samuel A. Cosgrove, Clinical Professor of Obstetrics, Columbia University Medical School.

Venereal Disease—S. A. Surgeon John C. Cutler, V. D. Research Laboratory, U. S. Public Health Service.

Gynecology—Dr. E. C. Hamblen, Clinical Professor of Endocrinology and Associate Professor of Obstetrics and Gynecology, Duke University School of Medicine.

SCHEDULE FOR MEDICAL POSTGRADUATE COURSE

HOUR	MONDAY June 17, 1946	TUESDAY June 18, 1946	WEDNESDAY June 19, 1946	THURSDAY June 20, 1946	FRIDAY June 21, 1946	SATURDAY June 22, 1946
8:00	REGISTRATION					
9:00	VENEREAL DISEASES To be announced DR. CUTLER	PEDIATRICS "The Treatment of B Complex Avitaminosis in Children" DR. YAMPOLSKY	PEDIATRICS "Malnutrition—a Symptom Complex—Its Treatment" DR. YAMPOLSKY	OBSTETRICS "Obstetric Hemorrhage and its Management" DR. COSGROVE	GYNECOLOGY "Some Endocrine Problems of the Female During Childhood and Adolescence" DR. HAMBLEN	GYNECOLOGY "Special Diagnostic Methods in Endocrinology; Application to Gynecologic Practice" DR. HAMBLEN
10:00	PEDIATRICS "Acute Hemorrhagic Nephritis and Nephrosis" DR. YAMPOLSKY	VENEREAL DISEASES To be announced DR. CUTLER	OBSTETRICS "Plea for Operative Conservatism" DR. COSGROVE	GYNECOLOGY "Hormonology of Adolescence, Menstruation and Climacteric" DR. HAMBLEN	OBSTETRICS "Version and Breech Delivery" DR. COSGROVE	SURGERY "Discussion of the Treatment of Goitre in General, with Particular Emphasis on Nodular Goitre" Dr. RIENHOFF
11:00	RECESS	RECESS	RECESS	RECESS	RECESS	RECESS
11:30	MEDICINE "Management of Nephritis" DR. SODEMAN	MEDICINE "Recent Advances in the Treatment of Heart Disease" Dr. SODEMAN	MEDICINE "Fever of Undetermined Origin" DR. SODEMAN	SURGERY "The Present Status of the Surgical Treatment of Tumors of the Lung" Dr. RIENHOFF	SURGERY "The Surgical Treatment of Peptic Ulcer of the Stomach and Duodendum" Dr. RIENHOFF	GYNECOLOGY "Endocrine Preparations which are useful in Gynecology; Comments on their Uses" DR. HAMBLEN SURGERY "The Surgical Treatment of Lesions of the Parathyroid Gland" Dr. RIENHOFF
12:30	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	
2:00	PEDIATRICS "Rheumatic Fever" DR. YAMPOLSKY	PEDIATRICS "Fever of Undetermined Origin in the Young" DR. YAMPOLSKY	PEDIATRICS "Treatment of Syphilis in Children with Special Emphasis on the use of Penicillin" DR. YAMPOLSKY	OBSTETRICS "Management of Prolonged Labor" DR. COSGROVE	OBSTETRICS "Management and Treatment of Late Toxemias of Pregnancy" DR. COSGROVE	
3:00	RECESS	RECESS	RECESS	RECESS	RECESS	
3:15	MEDICINE "Control of Edematous States" DR. SODEMAN	MEDICINE "Evaluation of Nutritional Therapy" DR. SODEMAN	OBSTETRICS "The Accidents of Pregnancy" DR. COSGROVE	GYNECOLOGY "Some Endocrine Problems of the Male During Childhood and Adolescence" DR. HAMBLEN	GYNECOLOGY "Hirsutism and Virilizational Syndromes" DR. HAMBLEN	BUY U. S. SAVINGS BONDS
4:15	RECESS	RECESS	RECESS	RECESS	RECESS	
4:30	VENEREAL DISEASES To be announced DR. CUTLER	VENEREAL DISEASES To be announced DR. CUTLER	MEDICINE "The Heart in Pregnancy" DR. SODEMAN	SURGERY "The Present Status of the Surgical Treatment of Hyperthyroidism" Dr. RIENHOFF	SURGERY "The Surgical Treatment of Lesions of the Esophagus" Dr. RIENHOFF	
	DINNER	DINNER	DINNER	DINNER	DINNER	
8:15	ROUND TABLE DISCUSSION Graduate Medical Education		VENEREAL DISEASES To be announced DR. CUTLER		Naval Air Station Jacksonville Florida To be announced	

EARLY CONTROL OF CANCER

The general public is gradually being taught the important facts concerning the cause and prevention of cancer. This educational program, conducted by means of radio, newspaper and magazine articles, is sponsored by groups and societies who have become conscious of this serious menace to the welfare of the nation. Both independently and with the help and cooperation of various medical organizations, they seek to educate the public in recognizing and preventing disease.

The responsibility for cancer mortality cannot be left entirely to the educated public, but must remain with the individual physician. It is he who will be called upon to make decisions and give the advice that will determine whether the final results will be good or bad. It is to him that the patient will go in order to satisfy his or her anxiety about some sign or symptom that has brought cause for alarm. The physician's duty remains clear. He will not be an alarmist; neither will he minimize the danger that might possibly be the cause for future regrets. With these thoughts in mind, the physician will at all times be aware of the many signals of danger that appear as forerunners of malignant change in normal tissue.

With the specific cause of cancer yet to be isolated, it remains for us, as physicians, to familiarize ourselves with the early signs and symptoms most likely to present themselves for our inspection. Irregularities of the skin and mucous membrane which depart from the normal require frequent observation. Particularly old burns, scars and ulcers, and areas previously treated for malignant change need careful inspection. Vague abdominal pains and unusual discharges should be subject to thorough investigation. Such an examination should precede rather than follow medical treatment to relieve the symptoms suggestive of early cancer. Removal of many benign lesions and irradication of chronic infections can be correctly accomplished without undue alarm or fear or creating a cancer complex. Yearly or more frequent examinations must be insisted upon. Early recognition and prompt action are the watchwords of cancer control.

Paul Bird, M. D.

MEDICAL OFFICERS RETURNED

Dr. Jack Galin, who entered military service on Feb. 1, 1941, received his discharge on April 17, 1946. His address is 4423 North Sheridan Road, Chicago 40, Ill. He held the rank of Lieut. Colonel.

Dr. Eugene B. Maxwell, who entered military service on July 15, 1942, received his discharge on Jan. 13, 1946. His address is 442 West Lafayette Street, Tampa 6. He held the rank of Commander.

Dr. James A. Smith, who entered military service on Feb. 10, 1944, received his discharge on Jan. 17, 1946. His address is 112 West 20th Street, Sanford. He held the rank of Captain in the Army.

Dr. Lauren M. Sompayrac, who entered military service on June 16, 1941, received his discharge on May 1, 1946. His address is 1206 Market Street, Jacksonville 6. He held the rank of Commander.

Dr. Simon I. Kemp, who entered military service on Oct. 29, 1941, received his discharge on May 2, 1946. His address is 712 Laura Street, Jacksonville 2. He held the rank of Commander.

Dr. Clifford J. Gay, who entered military service on April 26, 1942, received his discharge on Jan. 22, 1943. His address is 608 Professional Building, Jacksonville 2. He held the rank of Captain in the Army.

Dr. Paul Kells, who entered military service on Dec. 17, 1941, received his discharge on Feb. 18, 1946. His address is 307 N. E. 95th Street, Miami 38. He held the rank of Commander.

Dr. Frank T. Linz, who entered military service on July 22, 1942, received his discharge on May 8, 1946. His address is 107 Parker Street, Tampa. He held the rank of Major.

Dr. Ernest W. Ekermeyer, who entered military service on Oct. 8, 1942, received his discharge on March 25, 1946. His address is 458 West College Ave., Tallahassee. He held the rank of Lieut. Commander.

Dr. Lloyd H. Jennings, who entered military service on Aug. 8, 1942, received his discharge on March 3, 1946. His address is Starke. He held the rank of Captain in the Army.

Dr. Robert J. Jahn, who entered military service on June 10, 1942, received his discharge on Dec. 18, 1946. His address is 336 Second Street, N. E., Winter Haven. He held the rank of Captain in the Army.

Dr. Palmer R. Kundert, who entered military service on Aug. 14, 1942, received his discharge on Jan. 7, 1946. His address is 2548 Kendall Ave., Madison, Wis. He held the rank of Lieut. Commander.

Dr. Raymond R. Sessions, who entered military service on Aug. 10, 1942, received his discharge on Feb. 17, 1946. His address is Kissimmee. He held the rank of Major.

Dr. Morris E. Kuckku, who entered military service on Sept. 7, 1942, received his discharge on Feb. 3, 1946. His address is 8037 N. E. Second Avenue, Miami. He held the rank of Lieut. Commander.

Dr. George A. Mitchell, who entered military service on Sept. 10, 1942, received his discharge on April 5, 1946. His address is 1212 Huntington Building, Miami 32. He held the rank of Captain in the Army.

Dr. F. Eugene Whaley, who entered military service on Oct. 31, 1942, received his discharge on May 20, 1946. His address is 276 Seventh Avenue, N. E., St. Petersburg. He held the rank of Captain in the Army.

Dr. Hugh E. Parsons, who entered military service on April 20, 1941, received his discharge on Feb. 6, 1946. His address is 107 Parker St., Tampa. He held the rank of Lieut. Colonel.

Dr. Earle S. McKey, Jr., who entered military service on Jan. 6, 1941, received his discharge on Nov. 16, 1945. His address is 1003 Comeau Building, West Palm Beach. He held the rank of Major.

Dr. Irving L. Alberts, who entered military service on April 22, 1942, received his discharge on Nov. 23, 1945. His address is 605 Lincoln Road, Miami Beach. He held the rank of Captain in the Army.

Dr. Rothwell Lefholz, who entered military service on Jan. 9, 1941, received his discharge on Oct. 6, 1945. His address is 1009 Huntington Building, Miami 32. He held the rank of Major.

Dr. Joseph B. Pomerance, who entered military service on Jan. 1, 1941, received his discharge on Jan. 2, 1946. His address is 605 Lincoln Road, Miami Beach. He held the rank of Major.

Dr. M. P. Travers, who entered military service on Aug. 10, 1942, received his discharge on March 30, 1946. His address is 541 Lincoln Road, Miami Beach. He held the rank of Major.

Dr. George R. McClary, who entered military service on Jan. 6, 1941, received his discharge on Feb. 23, 1946. His address is Box 317, North Miami. He held the rank of Lieut. Colonel.

Dr. Dan Hardie, who entered military service on Aug. 28, 1942, received his discharge on May 19, 1945. His address is 361 S. W. 20th Road, Miami. He held the rank of Major.

Dr. Samuel A. Manalan, who entered military service on Sept. 23, 1942, received his discharge on March 17, 1946. His address is 1022 Comeau Building, West Palm Beach. He held the rank of Captain in the Army.

Dr. Fred E. Manulis, who entered military service on May 30, 1942, received his discharge on Sept. 5, 1945. His address is 303 Gardenia Street, West Palm Beach. He held the rank of Captain in the Army.

Dr. William D. Eller, who entered military service on Aug. 22, 1942, received his discharge on March 2, 1946. His address is Harvey Building, West Palm Beach. He held the rank of Captain in the Army.

Dr. J. G. Economon, who entered military service on Aug. 15, 1942, received his discharge on April 24, 1946. His address is 108 East Central Avenue, Orlando. He held the rank of Captain in the Army.

Dr. Julius Alexander, who entered military service on June 20, 1942, received his discharge on March 15, 1946. His address is 2323 South Miami Avenue, Miami 36. He held the rank of Major.

Dr. Leo G. Temples, who entered military service on Jan. 1, 1940, received his discharge on March 2, 1946. His address is 2005 Park Street, Jacksonville 4. He held the rank of Lieut. Colonel.

Dr. Fred S. Gachet, who entered military service on Aug. 14, 1942, received his discharge on May 10, 1946. His address is Box 1254, Lakeland. He held the rank of Lieut. Colonel.

Dr. James C. Robertson, who entered military service on July 20, 1942, received his discharge on May 23, 1946. His address is Vero Beach. He held the rank of Commander.

Dr. Ashbel C. Williams, who entered military service on June 19, 1943, received his discharge on April 13, 1946. His address is 2033 Riverside Avenue, Jacksonville 4. He held the rank of Captain in the Army.

Dr. C. R. Burbacher, who entered military service on Aug. 6, 1942, received his discharge on April 22, 1946. His address is 227 Aragon Ave., Coral Gables. He held the rank of Lieut. Colonel.

Dr. Roger J. Forastiere, who entered military service on April 30, 1942, received his discharge on May 1, 1946. His address is 2128 S. W. 22nd Street, Miami. He held the rank of Major.

Dr. Lynn W. Whelchel, who entered military service on Sept. 10, 1942, received his discharge on March 30, 1946. His address is P. O. Box 1147, Little River Station, Miami. He held the rank of Captain in the Army.

Dr. Frank W. Hewlett, who entered military service on Dec. 15, 1940, received his discharge on Jan. 6, 1946. His address is 147 Alcazar Ave., Coral Gables. He held the rank of Colonel.

Dr. Alva R. Taylor, who entered military service on Sept. 12, 1940, received his discharge on March 4, 1946. His address is 414 Blount Building, Fort Lauderdale. He held the rank of Captain in the Army.

Dr. Harry R. Cushman, who entered military service on Oct. 1, 1942, received his discharge on Feb. 12, 1946. His address is 149 First Avenue, North, St. Petersburg. He held the rank of Lieut. Commander.

Dr. Clifford E. Vinson, who entered military service on July 1, 1942, received his discharge on Dec. 11, 1945. His address is First National Bank Building, Tampa 1. He held the rank of Captain in the Army.

Dr. T. James Grable, who entered military service on July 14, 1943, received his discharge on March 28, 1946. His address is 16 Davis Boulevard, Tampa. He held the rank of Captain in the Army.

Dr. O. A. Ellingson, who entered military service on May 26, 1942, received his discharge on Dec. 5, 1945. His address is 841 Bayshore Boulevard, Tampa. He held the rank of Captain in the Army.

Dr. Robert R. Farringer, who entered military service on June 8, 1942, received his discharge on March 13, 1946. His address is 1666 Boulevard, Hollywood. He held the rank of Commander.

Dr. Julius R. Pearson, who entered military service on June 16, 1942, received his discharge on May 4, 1946. His address is 311 Lincoln Road, Miami Beach. He held the rank of Major.

Dr. Francis R. Meyers, who entered military service on April 1, 1941, received his discharge on May 28, 1946. His address is 211 Greymon Drive, West Palm Beach. He held the rank of Commander.

Dr. Bert H. Malone, who entered military service on June 12, 1942, received his discharge on May 15, 1946. His address is 125 West Church Street, Jacksonville 2. He held the rank of Major.

Dr. Samuel S. Lombardo, who entered military service on Aug. 21, 1942, received his discharge on May 22, 1946. His address is 1545 Catherine's Court Apartments, Jacksonville 7. He held the rank of Captain in the Army.

Dr. Bruce D. Carroll, who entered military service on March 15, 1941, received his discharge on May 29, 1946. His address is 894 N. E. 81st Street, Miami. He held the rank of Colonel.

Dr. W. H. Groves, who entered military service on June 24, 1942, received his discharge on May 19, 1946. His address is 803 West Druid Road, Clearwater. He held the rank of Lieut. Colonel.

Dr. C. H. Sory, who entered military service on Sept. 28, 1942, received his discharge on May 25, 1946. His address is 15 S. E. 16th Street, Ft. Lauderdale. He held the rank of Lieut. Commander

Dr. John C. McSween, who entered military service on June 8, 1942, received his discharge on Oct. 7, 1945. His address is 1621 East Gadsden Street, Pensacola. He held the rank of Lieut. Colonel.

STATE NEWS ITEMS

Dr. Milton Berliner of New York City conducted a course on Biomicroscopy of the Eye in Jacksonville, April 24, 25 and 26, immediately following the meeting of the Florida Medical Association. Opthalmologists of the state were invited to attend. The following participated in the course: Dr. Stuart Scott, Gainesville; Drs. Charles Boyd, Jerome Knauer, Shaler Richardson and Louis Wilensky, Jacksonville; Dr. Carl Dunaway, Miami; Dr. Carl McLemore, Miami Beach; Dr. Carney Mimms, Ocala, and Dr. Charles Grace, St. Augustine.

DEATHS

MEMBERS

Dr. W. L. Ashton, Melbourne—April 16, 1946.

OTHER DOCTORS

Dr. Walter McDowell, Evansville, Ind.—Nov. 27, 1945.

PETER THOMAS SKAGGS

Dr. Peter T. Skaggs of Miami, a Life Member of the Association, died at his home on April 2. He was 77 years of age.

Born in Nicholas County, West Virginia, he worked in coal mines to earn money to attend the University of Louisville Medical School. After his graduation in 1896, he and Mrs. Skaggs, a native of Louisville, traveled to the end of the Florida East Coast Railway at Ft. Lauderdale and from there to Coconut Grove by boat. For a number of years he and the late Dr. James M. Jackson were Miami's only physicians.

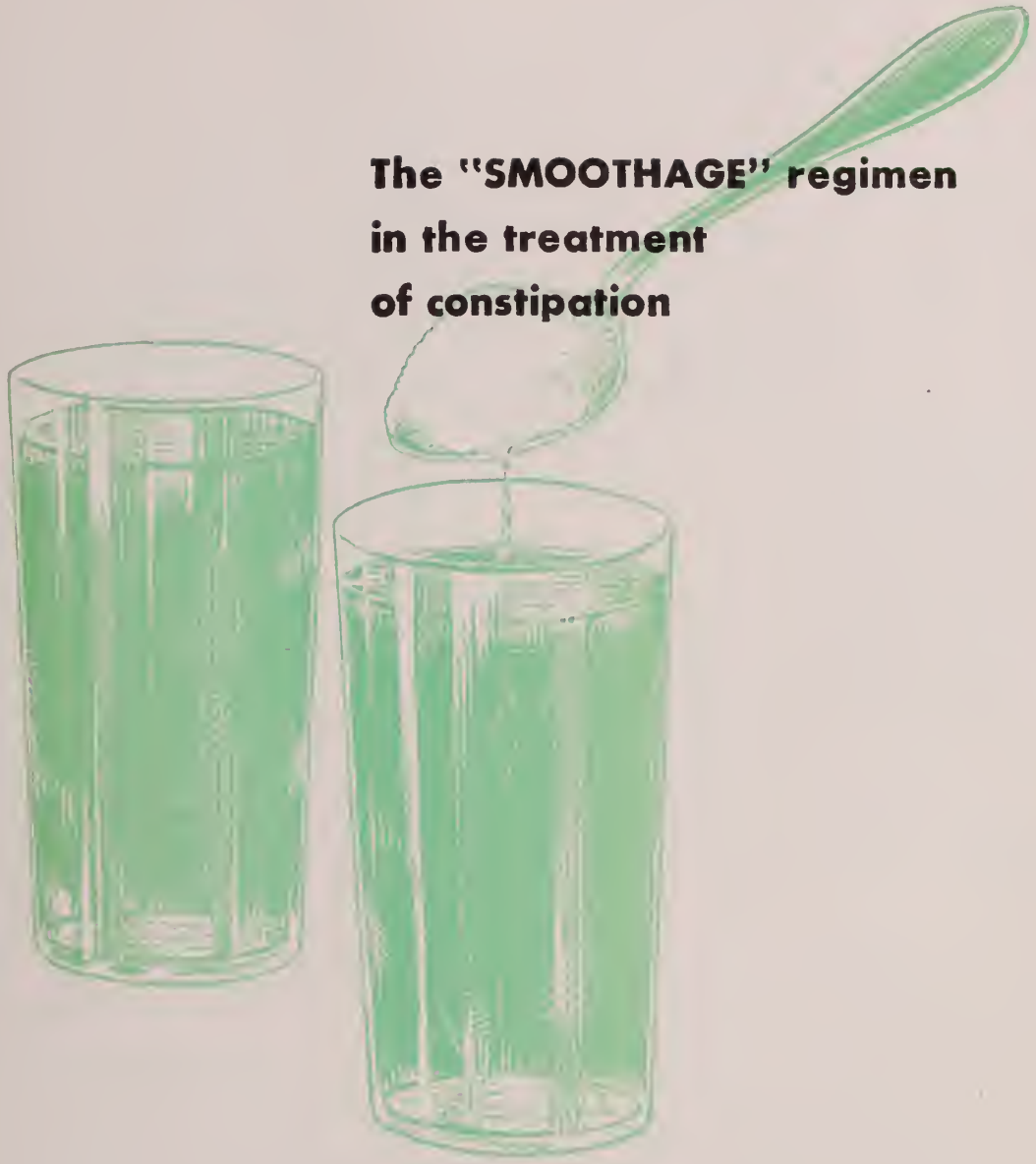
These two doctors, with the aid of Mrs. Skaggs and other civic-minded residents, established the first hospital in Miami, the City Hospital, on the bayfront on Biscayne Boulevard. This building was abandoned in 1918, with the completion of the first building of the present hospital, also known as the Miami City Hospital until after the death of Dr. Jackson, when it became the Jackson Memorial Hospital. Dr. Skaggs was the first chief of staff of the institution, a post he held for twenty years. On April 5, 1931, the City Commission adopted a resolution honoring him.

He helped found the Dade County Medical Society and was its first vice president, Dr. Jackson being the first president. During World War I, he was chairman of the Fourth Florida Medical Advisory Board and later, as an Army officer, he was assistant to the surgeon at the New York Port of Embarkation. Before his discharge in 1919, he was in command of a unit car in the hospital train service.

Dr. Skaggs became a member of the Florida Medical Association in 1902, and an Honorary Member of the Association in 1940. He was also a member of the Dade County, Southern and American Medical Associations. Other affiliations included membership in the Central Baptist Church; James Carnell lodge, F. & A. M.; Miami Pioneers, Inc.; Miami Rotary, Scottish Rite Masons and Mahi Shrine; Miami Elks, and the Harvey Seeds Post, American Legion.

He is survived by a brother, Henry Allen Skaggs of Marvel, W. Va.; a sister-in-law, Mrs. M. W. Skaggs of Miami and several nieces and nephews.

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SEARLE

RESEARCH IN THE SERVICE OF MEDICINE

MAURICE ALEXANDER KUGEL

Dr. Maurice A. Kugel of Miami Beach died on March 9, at the age of 46.

A graduate of Yale University, class of 1926, Dr. Kugel served on the staffs of Mt. Sinai and Beth Israel Hospitals, New York City, before coming to Miami Beach nine years ago. He was a member of the staff of St. Francis Hospital, Miami Beach, a past president of the Miami Heart Association, and attending physician at the Children's Cardiac Home. He was also a member of the Miami Beach Elks Lodge No. 1601, the American Legion, the Miami Beach Civic League, B'nai B'rith, the Zionists, and the Miami Beach Anglers.

Survivors are his widow, Mrs. Annie Laurie Kugel; three brothers, Manuel of Bridgeport, Conn., Major Victor H. of Ashford General Hospital, White Sulphur Springs, W. Va., and William H. of Boston, and two sisters, Mrs. Elizabeth Silver of Boston and Mrs. Rose Lear of New Haven, Conn.

COMPONENT COUNTY SOCIETIES

DUVAL

Dr. Luther W. Holloway was principal speaker at the meeting of the Duval County Medical Society held on the evening of April 2, at the Seminole Hotel, Jacksonville. His paper on "Modern Treatment of Chorea with Magnesium Sulfate," was discussed by Drs. William H. McCullagh, William E. Ross, Joel Fleet, Thomas Z. Stanley and J. Frank Wilson.

ORANGE

The Orange County Medical Society has paid 100 per cent of its dues for 1946. Officers of this society are Dr. Louis M. Orr, president; Dr. W. Grady Page, president-elect; Dr. Ruth H. Jewett, vice president; Dr. A. C. Kirk, secretary, and Dr. Dorothy Brame, treasurer.

PALM BEACH

This society has paid 100 per cent of its dues for 1946. Dr. Guy W. Heath is president of the society; Dr. David W. Martin, vice president; Dr. William H. Weems, secretary, and Dr. F. K. Herpel, treasurer.

PASCO-HERNANDO-CITRUS

Dr. Claude L. Carter of Inverness entertained the members of the Pasco-Hernando-Citrus County Medical Society at a steak dinner at the Orange Hotel, Thursday evening, April 11, at 7:30 p. m. Dr. Larkin, the guest speaker, gave an interesting talk.

In addition to the guest speaker, the following doctors were present: Drs. Claude L. Carter, G. R. Creekmore, S. C. Howard, W. Wardlaw Jones, W. B. Moon and W. H. Walters.

PINELLAS

The Pinellas County Medical Society held its regular cocktail party and dinner meeting at the Essex House on the evening of April 5. Dr. Annette M. Feaster, president, presided. Major H. R. Gable and Dr. C. O. Anderson spoke on the subject of "Malaria." This topic was further discussed by Drs. Bevis, Mount, Carlisle, Reeser, Davis, Berezney and Hollowell.

Dr. C. L. Farrington was host and moderator at a Round Table Assembly of this society held on the evening of May 17 at his home.

POLK

The members of the Polk County Medical Society and of the Woman's Auxiliary met for dinner at the Gilbert-Oaks Hotel, Bartow, Wednesday evening, April 10. Following dinner, these two organizations held separate meetings. Dr. Nathaniel L. Spengler of Tampa addressed the doctors on the subject of "Simplified Infant Feeding."

PUTNAM

The Putnam County Medical Society has paid 100 per cent of its State Association dues for 1946. Dr. James W. Brantley is president of this society and Dr. Bernard E. Kane is the secretary-treasurer.

SEMINOLE

The Seminole County Medical Society has paid 100 per cent of its dues for 1946. Heading this society are Dr. Orville L. Barks, president; Dr. Thomas F. McDaniel, vice president, and Dr. Frank L. Quillman, secretary-treasurer.



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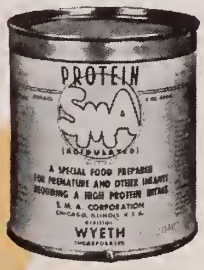
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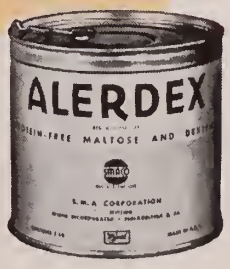


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CONVENTION ECHOES

COMMITTEE ON HOTELS AND ROOMS

John B. Black, *Chairman*

Every effort was made to secure hotel accommodations for all members and guests who requested this service.

I wish to thank the members of this committee for their splendid cooperation. Mr. Frank Winchell, manager of the Tourist and Convention Bureau is also to be commended for the splendid service rendered in connection with hotel prices and room reservations.

COMMITTEE ON ALUMNI AND FRATERNITY SUPPERS

R. R. Killinger, *Chairman*

The experience of this committee favors having a fixed time for alumni and fraternity banquets. It recommends that each group select a chairman well in advance of the Annual Convention, who will be responsible for circularizing the members of the group, ascertaining the approximate number who will be present. Despite the willingness of the local committee to cooperate, it is impossible to arrange proper meeting places for alumni and fraternity groups unless the approximate attendance is known. This information should be obtained well in advance of the Convention as it cannot be secured satisfactorily after the guests arrive.

COMMITTEE ON GOLF

William S. Manning, *Chairman*

The annual Golf Tournament was held at Timuquana Country Club on Monday and Tuesday. Approximately 80 rounds were played, including some practice rounds on Sunday. As the Orlando cup had not been located, a prize was substituted. When the cup is found, the name of Dr. Walter C. Jones of Miami will be inscribed on it.

The names of the winners and of firms donating prizes follow:

Low Net: Dr. Walter C. Jones, Miami (65); prize, hyfrecator, Surgical Supply Co.

Low Net Runner-up: Dr. William E. Ross, Jacksonville (66); prize, Baumanometer, Byron Thompson & Co.

Low Gross: Dr. Joseph W. Taylor, Jr., Tampa (76); prize, leather weekend traveling bag, American Optical Co.

Low Gross Runner-up: Dr. Walter C. Jones, Miami (81); prize, golf bag, J. K. Attwood Pharmacy.

Most Pars: Dr. Walter C. Jones, Miami (9); prize, spiked golf shoes, Halliday's Apothecary.

Most fives: Dr. W. E. Ross, Jacksonville (11); prize, hypodermic syringe, Pierce Prescription Shop.

Fewest Putts: Dr. R. P. Stritzinger, Pensacola (28); prize, Rayban sun goggles, Southeastern Optical Co.

Most One Putt Greens: Dr. William H. McCullagh, Jacksonville (9); prize, one dozen golf balls, Jackson Optical Co.

High Gross: Dr. John J. Jares, Miami (112); prize, Rayban sun goggles, Southeastern Optical Co.

Outstanding cooperation was given by Mr. Wherry, manager, and Mr. Victor Foreman, golf professional of the Timuquana Country Club. The committee hopes the out-of-town members of the Association derived as much pleasure from the Tournament as the committee did in arranging it.

COMMITTEE ON ASSOCIATION DINNER

Robert B. McIver, *Chairman*

The chairman of the Board of Governors, Dr. William M. Rowlett, appointed a committee to arrange for the Association Dinner, Tuesday evening, April 22. This appointment was in keeping with a decision to make the State Association dinner the responsibility of the Association and the Smoker on Monday evening an activity of the local entertaining society.

The attendance at the dinner, held on the Roof Garden of the Mayflower Hotel, was 450, which was the maximum number who could be served. We have been advised that, through the splendid cooperation of Mr. Driver, hotel manager, no one wishing to attend the dinner was turned away.

Our committee will appreciate comments, suggestions and constructive criticism for the benefit of the committee that will be in charge of the dinner next year. This annual dinner should be a time for enjoyment and relaxation — a break in the strenuous work of the convention.

COMMITTEE ON SMOKER

Webster Merritt, *Chairman*

The Smoker Committee was one of the most cooperative committees with which I have ever had the pleasure to work. Each man did the work assigned him and, as a matter of fact, many volunteered to do extra work.

It seems to me that the important consideration in committee work is to have the meetings pleasant and not too long. We found that if we met about 5:30 and kept the meeting short, we were able to get to our dinners and not spoil the evening. We met five times and no man was absent at any time except one, who was sick and not able to attend.

The biggest mistake that we made was not to prepare an elevated stage so that the principals in the entertainment could be seen and heard better. Of course, it was unfortunate that the microphone was broken just a few minutes before the program started.

ASSOCIATION OF INDUSTRIAL SURGEONS

A. M. Bidwell, *Secretary*

ASSOCIATION OF RAILWAY SURGEONS

W. C. Page, *Secretary*

By vote taken by each of these two groups, a merger received unanimous approval. In the future the group will be known as the Florida Association of Industrial and Railway Surgeons. The newly elected president is Dr. F. A. Vogt from Miami; president-elect, Dr. E. W. Cullipher, Miami, and secretary-treasurer, Dr. J. H. Mitchell, Jacksonville.

Many surgeons are interested in both Industrial and Railway activities. In the past it has been difficult to schedule two group meetings when the time would not conflict. It is, therefore, a happy solution to combine the two groups and arrange one meeting for the Florida Association of Industrial and Railway Surgeons at which all may attend.

SOCIETY OF OPHTHALMOLOGY AND OTOLARYNGOLOGY

William Y. Sayad, *Secretary*

Full information on the meeting of this group was published in the program and in the convention number of the Journal.

The newly elected officers for the ensuing year are as follows: Dr. Walter T. Hotchkiss, Miami Beach, president; Dr. W. Jerome Knauer, Jacksonville, vice-president; Dr. William Y. Sayad, West Palm Beach, secretary-treasurer.

PEDIATRIC SOCIETY

Robert Blessing, *Secretary*

The attendance of this group totaled 30 at the clinical session, Monday forenoon, and 21 at the dinner meeting Sunday evening.

The newly elected officers are: Dr. Councill Rudolph, St. Petershurg, president; Dr. James Boulware, Lakeland, vice-president, and Dr. Robert Blessing, Ft. Lauderdale, secretary-treasurer.



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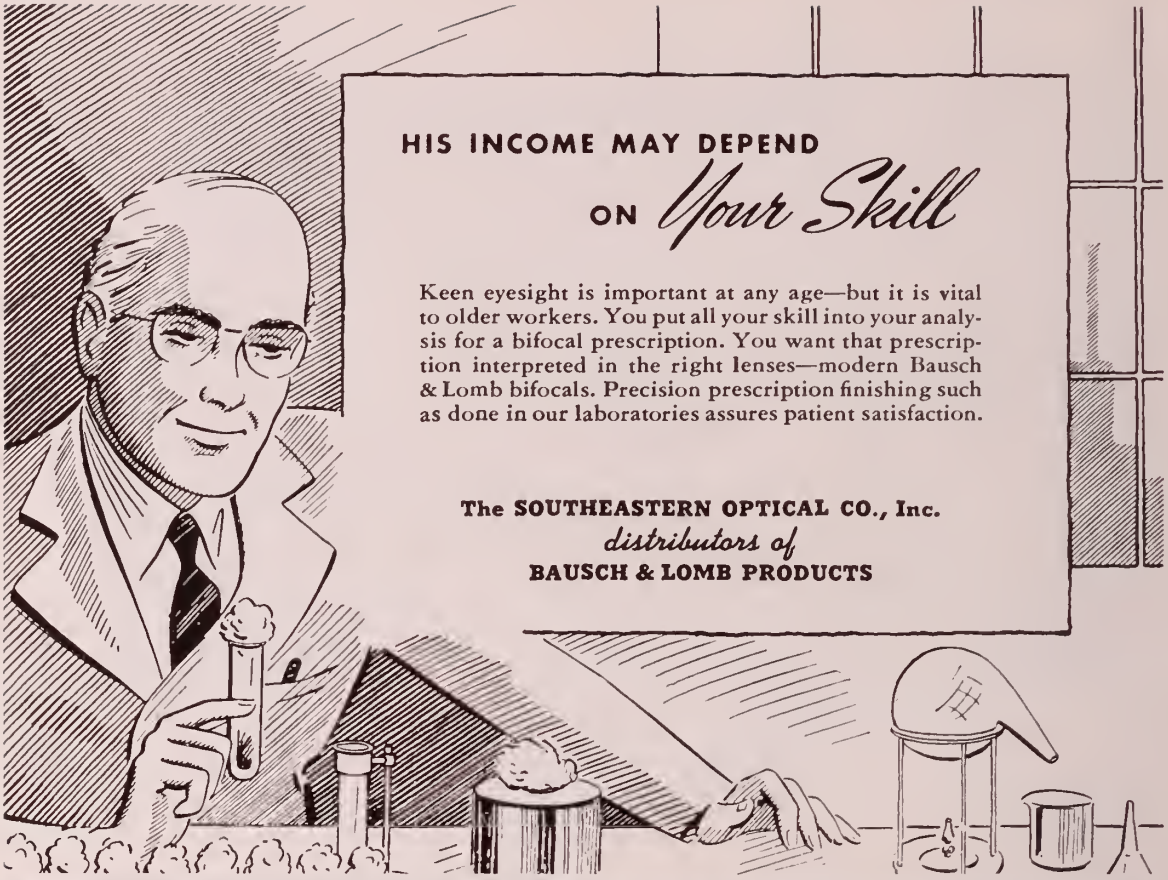
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RADIOLOGICAL SOCIETY

James F. Pitman, *Secretary*

The attendance of this group at the Sunday afternoon meeting was 31. The newly elected officers are as follows: Dr. Charles M. Gray, Tampa, president; Dr. James F. Pitman, Lake City, vice-president; Dr. J. Maxey Dell, Jr., Gainesville, secretary-treasurer.

PATHOLOGICAL SOCIETY

Iva C. Youmans, *Secretary*

The newly elected officers for this group are: Dr. V. M. Johnson, West Palm Beach, president; Dr. Nelson A. Murray, Jacksonville, vice-president, and Dr. Gretchen V. Squires, Pensacola, secretary-treasurer.

HEALTH OFFICERS' SOCIETY

Lorenzo L. Parks, *Secretary*

The first meeting of the new group was entirely successful. The attendance at the Monday morning session totaled 26. The newly elected officers are as follows: Dr. Frank V. Chappell, Tampa, president; Dr. W. E. Van Landingham, West Palm Beach, vice-president; Dr. Lorenzo L. Parks, secretary-treasurer.

FLORIDA SECTION

AMERICAN COLLEGE OF PHYSICIANS

R. D. Thompson, *Secretary*

The total attendance at this meeting was 31. Many of the members of this group wish to attend meetings of other groups. It was, therefore, decided to hold scientific sessions in November each year and, prior to the Annual Convention of the Florida Medical Association, to have an annual business meeting when officers will be elected.

The newly elected officers for this group for the ensuing year are: Dr. E. Sterling Nichol, Miami, president; Dr. R. D. Thompson, Orlando, secretary.

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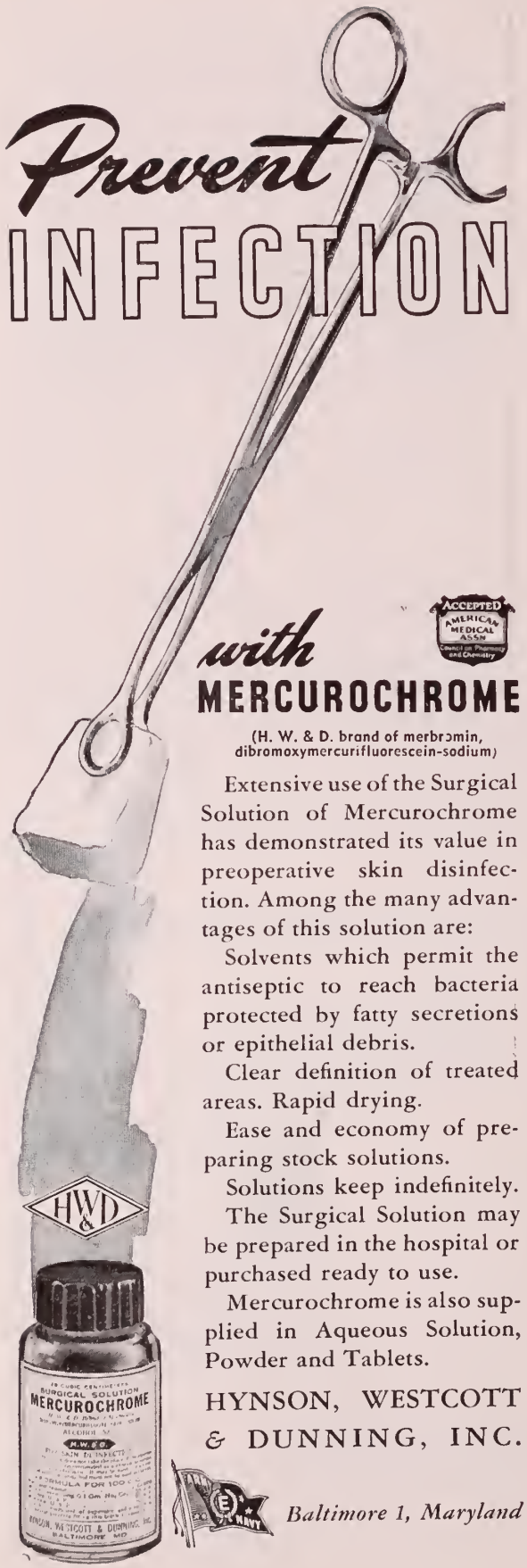
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"This house—I wouldn't swap a shingle off its roof for any other house on earth. This little valley, with the pond down in the hollow at the back, is the spot I like best in all the world.

"And they're mine. I own 'em. Nobody can take 'em away from me.

"I've got a little money coming in, regularly. Not much—but enough. And I tell you, when you can go to bed every night with nothing on your mind except the fun you're going to have tomorrow—that's as near Heaven as man gets on this earth!

"It wasn't always so.

"Back in '46—that was right after the war and sometimes the going wasn't too easy—I needed cash. Taxes were tough, and then Ellen got sick. Like almost everybody else, I was buying Bonds through the Payroll Plan—and I figured on cashing some of them in. But sick as she was, it was Ellen who talked me out of it.

" 'Don't do it, John!' she said. '*Please* don't! For the first time in our lives, we're really saving money. It's *wonderful* to know that every single payday we have *more* money put aside! John, if we can only keep up this saving, think what it can mean! Maybe someday you won't have to work. Maybe we can own a home. And oh, how good it would feel to know that we need never worry about money when we're old!'

"Well, even after she got better, I stayed away from the weekly poker game—quit dropping a little cash at the hot spots now and then—gave up some of the things a man feels he has a right to. We didn't have as much fun for a while but we paid our taxes and the doctor and—we didn't touch the Bonds.

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The names of the new officers of the State Auxiliary, elected at the recent Annual Convention, appear above. On page 678 of this issue is a list of the members and guests of the Auxiliary who attended the Convention.

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SCHEDULE OF MEETINGS

ORGANIZATION	PRESIDENT	SECRETARY	ANNUAL MEETING
Florida Medical Association	Shaler Richardson, Jacksonville	Robert B. McIver, Jacksonville	Miami, 1947
Florida Medical Districts	Herbert E. White, St. Augustine	Council Chairman	
A-Northwest	G. Wilmot Brown, Tallahassee	William C. Roberts, Panama City	Pensacola, 1946
B-Northeast	C. McK. Tyre, Eustis	Vernon A. Lockwood, St. Augustine	Gainesville, 1946
C-Southwest	W. Wardlaw Jones, Dade City	James R. Boulware, Lakeland	St. Petersburg, 1946
D-Southeast	E. M. Hendricks, Ft. Lauderdale	Adrian M. Sample, Ft. Pierce	Ft. Lauderdale, 1946
American Medical Association	Herman L. Kretschmer, Chicago	Geo. F. Lull, Chicago	San Francisco, July 1-5, 1946
Southern Medical Association	E. Vernon Mastin, St. Louis	Mr. C. P. Loranz, Birmingham	Miami, Nov. 4-7, 1946
Alabama Medical Association	Carl A. Grote, Huntsville, Ala.	Douglas L. Cannon, Montgomery	Birmingham, Apr. 15-17, 194
Georgia, Medical Assn. of	Ralph Hill Chaney, Augusta, Ga.	Edgar D. Shanks, Atlanta	Augusta, Ga., 1947
Florida—			
Section, Am. College Phys.	E. Sterling Nichol, Miami	R. D. Thompson, Orlando	Miami, 1947
Basic Science Exam. Board	M. W. Emmel, D.V.M., Gainesville	J. F. Conn, Ph.D., DeLand	Gainesville, June 4, 1946
Dental Society, State	W. P. Wood, D.D.S., Tampa	A. J. Fillastre, D.D.S., Lakeland	Palm Bch., Nov. 11-13, 1946
Derm. and Syph., Soc. of	J. Frank Wilson, Jacksonville	Wesley W. Wilson, Tampa	
East Coast Medical Association	T. C. Kenaston, Cocoa	I. M. Hay, Melbourne	Postponed
Health Officers' Society	Frank V. Chappell, Tampa	Lorenzo L. Parks, Jacksonville	Miami, 1947
Hospital Association	Sister Alverna, West Palm Beach	Mr. H. A. Cross, Jacksonville	
Hospital Service Corporation	Mr. W. E. Arnold, Jacksonville	Mr. H. A. Cross, Jacksonville	
Industrial & Railway Surgeons	F. A. Vogt, Miami	J. H. Mitchell, Jacksonville	Miami, 1947
Medical Examining Board	J. B. Kollar, Vero Beach	H. D. Van Schaick, Miami	Jacksonville, June 24, 25, 194
Medical Postgraduate Course	Turner Z. Cason, Jacksonville	Chairman	
Medical Service Corporation	Leigh F. Robinson, Ft. Lauderdale	Mr. H. A. Cross, Jacksonville	
Nurses Association, State	Miss Elizabeth Reed, Jacksonville	Mrs. Phyllis R. Leonard, St. Augustine	Daytona Beach, Fall, 1947
Ophthal. & Otol., Soc. of	Walter T. Hotchkiss, Miami Beach	Wm. Y. Sayad, West Palm Beach	Miami, 1947
Pathological Society	V. M. Johnson, West Palm Beach	Gretchen V. Squires, Pensacola	Miami, 1947
Pediatric Society	Councill C. Rudolph, St. Petersburg	James R. Boulware, Lakeland	Miami, 1947
Pharmaceutical Association, State	Mr. C. G. Hamilton, Pompano	Mr. R. Q. Richards, Ft. Myers	Tampa, 1947
Public Health Association	George A. Dame, Jacksonville	E. M. L'Engle, Jacksonville	Miami, 1946
Radiological Society	Charles M. Gray, Tampa	J. Maxey Dell, Jr., Gainesville	Miami, 1947
Tuberculosis & Health Assn.	Mr. Lacy W. Thomas, Groveland	Mrs. May Pynchon, Jacksonville	Miami, 1947
Chattahoochee Valley Med. Assn.	Herbert E. White, St. Augustine	Robert B. McIver, Jacksonville	Postponed
Gulf Coast Clinical Society	G. G. Oswalt, Mobile, Ala.	C. L. Rutherford, Mobile, Ala.	Postponed
S. E. Sec. Am. Cong. Phys. Ther.	John J. McQuire, Pensacola	Kenneth Phillips, Miami	
S. E. Hospital Conference	Mr. Frank Groner, New Orleans	Mr. Burton M. Battle, New Orleans	Gulfport, Miss., 1947
Southeastern Surgical Congress	Elmer Lee Henderson, Louisville, Ky.	B. T. Beasley, Atlanta	Mar. 10-12, 1947

	SOCIETY	PRESIDENT	SECRETARY	MEETING DATE	MEMBERS Total	MEMBERS Paid	COUNCILOR
A	Bay	Amsie H. Lisenby, M.D. Box 961 Panama City	Martle F. Parker, M.D. Panama City		12	10	
	Escambia *Santa Rosa	Carol C. Webb, M.D. 24 W. Chase St. Pensacola	Lee Sharp, M.D. 24 W. Chase St. Pensacola	2nd Tuesday 8:00 P.M.	50	47	A-1-48 Wm. C. Roberts, M.D. Panama City
	Franklin-Gulf	T. Meriwether, M.D. Wewahitchka	J. R. Norton, M.D. Port St. Joe	3rd Tuesday Odd Months	6	100%	
	Jackson *Calhoun	D. A. McKinnon, M.D. Marianna	C. A. Adams, Jr., M.D. Marianna	2nd Tuesday 7:30 P.M.	15	100%	
	Walton-Okaloosa	Rhett E. Enzor, M.D. Crestview	A. G. Williams, M.D. Lakewood	3rd Thursday 8:00 P.M.	6	100%	
	Washington-Holmes	N. J. Dawkins, M.D. Vernon	B. W. Dalton, M.D. Vernon		5	100%	
B	Columbia *Baker, Hamilton	James F. Pitman, M.D. Blanche Hotel Annex Lake City	Thomas H. Bates, M.D. Blanche Hotel Annex Lake City	1st Monday 7:30 P.M.	15	12	
	Leon-Gadsden-Liberty-Wakulla-Jefferson	John L. Williams, M.D. Tallahassee	G. H. Garmany, M.D. 1232 N. Monroe St. Tallahassee	Quarterly 8:00 P.M.	37	32	A-2-47 G. Wilmot Brown, M.D. Tallahassee
	Madison-Suwannee	Eustace Long, M.D. Madison	E. D. Thorpe, M.D. Madison		9	100%	
	Taylor *Dixie, Lafayette	W. J. Baker, M.D. Foley	C. A. O'Quinn, M.D. Perry	Last Friday 8:00 P.M.	4	100%	
	Alachua *Bradford, Gilchrist, Union	Chester F. Ahmann, M.D. 1043 W. Masonic Gainesville	Stuart D. Scott, M.D. Gainesville	2nd Wednesday 7:30 P.M.	30	23	
	Duval *Clay	F. L. Fort, M.D. 201 Medical Arts Bldg. Jacksonville 4	Leo M. Wachtel, M.D. 352 St. James Bldg. Jacksonville 2	1st Tuesday 8:15 P.M.	2 9	197	B-3-48 Vernon A. Lockwood M.D. St. Augustine
	Marion *Levy	Thomas H. Wallis, M.D. 104 S. Magnolia St. Ocala	B. F. Drake, M.D. Professional Bldg. Ocala	3rd Wednesday 12:30 P.M.	26	25	
	Nassau	D. G. Humphreys, M.D. Fernandina	John W. McClane, M.D. Fernandina	2nd Wednesday 8:00 P.M.	6	100%	
	Putnam	James W. Brantley, M.D. 502 Reid St. Palatka	B. E. Kane, M.D. Crescent City	2nd Tuesday Even Months 7:00 P.M.	9	7	
	St. Johns	H. E. White, M.D. Box 606 St. Augustine	S. R. Cafaro, M.D. St. Augustine	3rd Tuesday 8:30 P.M.	14	12	
	Brevard	A. F. Thomas, M.D. 416 Brevard Ave. Cocoa	I. K. Hicks, M.D. Melbourne	3rd Wednesday	12	11	
	Lake *Sumter	Leroy H. Oetjen, M.D. Leesburg	Matthew Arnow, M.D. Eustis	1st Thursday 12:30 P.M.	15	100%	B-4-47 C. McK. Tyre, M.D. Eustis
	Orange *Osceola	Louis M. Orr, M.D. 311 Exchange Bldg. Orlando	Albert C. Kirk, M.D. 823 E. Colonial Dr. Orlando	3rd Wednesday 8:00 P.M.	106	100%	
	Seminole	Orville L. Barks, M.D. Sanford	Frank L. Quillman, M.D. Box 158 Sanford	2nd Tuesday 5:30 P.M.	13	100%	
	Volusia *Flagler	Evans B. Wood, M.D. Box 5295 Daytona Beach	R. L. Miller, M.D. 258½ S. Beach St. Daytona Beach	2nd Tuesday 7:30 P.M.	45	38	
C	Hillsborough	C. W. Bartlett, M.D. 310 1st Natl. Bk. Bldg. Tampa 2	H. G. Cole, M.D. 520 Citizens Bldg. Tampa 2	1st Tuesday 8:00 P.M.	126	100%	
	Manatee	Willett E. Wentzel, M.D. Professional Bldg. Bradenton	William D. Sugg, M.D. Bradenton Bk. Bldg. Bradenton	3rd Tuesday 7:00 P.M.	12	100%	C-5-47 W. Wardlaw Jones, M.D. Dade City
	Pasco-Hernando-Citrus	W. H. Walters, M.D. Lacoochee	G. R. Creekmore, M.D. Brooksville	2nd Thursday 7:00 P.M.	12	100%	
	Pinellas	A. M. Feaster, M.D. 166 4th Ave., N.E. St. Petersburg 4	W. C. McConnell, M.D. 313 First Federal Bldg. St. Petersburg 4	1st and 3rd Thursdays 6:30 P.M.	125	124	
	Sarasota	Stanley T. Martin, M.D. Box 551 Sarasota	J. M. Butcher, M.D. 209 Commercial Court Sarasota	2nd Tuesday 8:30 P.M.	21	100%	
	DeSoto-Hardee-Highlands-Charlotte-Glades	L. W. Martin, M.D. Sebring	Gordon H. McSwain, M.D. Arcadia		21	100%	
	Lee *Collier, Hendry	A. L. Girardin, M.D. 212 Richards Bldg. Fort Myers	C. G. Merrick, M.D. 26 Leon Bldg. Fort Myers	3rd Tuesday 7:30 P.M.	20	18	C-6-48 James R. Boulware, M.D. Lakeland
	Polk	Benjamin J. Bond, M.D. Coker Building Winter Haven	Edgar Watson, M.D. Box 1021 Lakeland	2nd Wednesday 1:00 P.M.	69	65	
D	Palm Beach	Guy W. Heath, M.D. 409 Harvey Bldg. W. Palm Beach	William H. Weems, M.D. 410 Citizens Bldg. W. Palm Beach	3rd Monday 8:00 P.M.	73	100%	D-7-48 Adrian M. Sample, M.D. Ft. Pierce
	St. Lucie-Okeechobee-Indian River-Martin	W. F. Davey, M.D. Box 475 Stuart	Adrian M. Sample, M.D. Box 176 Ft. Pierce	3rd Thursday 8:00 P.M.	16	14	
	Broward	Francis D. Pierce, M.D. 406 Blount Bldg. Ft. Lauderdale	F. Leslie Snyder, M.D. 314 Sweet Bldg. Ft. Lauderdale	4th Tuesday 8:00 P.M.	59	52	
	Dade	J. W. Snyder, M.D. 402 Huntington Bldg. Miami 32	George C. Austin, M.D. 140 N. W. 59th St. Miami 38	1st Tuesday 8:30 P.M.	370	334	D-8-47 E. M. Hendricks, M.D. Ft. Lauderdale
	Monroe	James B. Parramore, M.D. 523 Whitehead St. Key West	A. H. Hamilton, M.D. 611 Fleming St. Key West	2nd Thursday 8:00 P.M.	10	9	

*Supervise and aid until organized separately.



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